EXPENSE REPORT FORM

Local No. _____

RETAIL WHOLESALE UNION

#203 - 129 Columbia Street East, New Westminster, B.C., V3L 3V7

Name _____ **Date** _____

Address _____ **From** _____

City _____ **To** _____

	Transportation										
Date	*From*	*To*	*Auto*	*Trans*	*Daily Reimb.*	*Meals*	*Hotel*	*Communications*	*Misc.*	*Miscellaneous Explanation*	*Totals*

This is to certify that the expense incurred and the services rendered were necessary in the service of the Retail Wholesale Union and that the information given is true and correct.

TOTAL EXPENSE: _____

Checked: _____

_____
(Signed)

Approved _____

Cheque No. _____