

CUPE 2081 - Executive Travel Claim Voucher 2026

Payee: _____

Purpose of Expense: _____

*Please provide the event time and duration to be consider for per diem payment.
Please attach necessary receipts for expenses where a receipt applies.*

Expense Date	Destination Address	Destination Address	Mileage	Rate	Total
				0.73	-
				0.73	-
				0.73	-
				0.73	-

Event Date	Event Details and Time	Per Diem	Rate	Total
			102.00	-
			102.00	-
			102.00	-
			102.00	-

Expense Date	Parking / Hotel and Misc. Expenses			Total

Total Expenses claimed -

Certification

This is to certify that the amount shown on this statement were prepared by me on behalf of CUPE and/or its Local 2081

Signature: _____

Date: _____

For office use only

Payment Authorized by: _____

Payment Authorized by: _____

Motion Authorizing Expenses: _____

Cheque # _____ Date: _____

Distribution of Expenses	
Account	Amount
Total	-