

Association of Postal Officials of Canada
York Branch

Travelling & Expenses Claim Form

Claimant		Classification level	
Address			
Purpose of travel / Expenses			
Date 2009	Details	Salary	Expenses
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
TOTALS			
I hereby certify that the amount claimed is correct and was incurred on behalf of the Association			
Claimant signature		Date	
Divisional council meeting expenses must be approved by Divisional Vice-President			
DVP signature		Date	
Audited for payment			
President		Date	
Date of :	Claim total		
	Income tax salary		
Payment-date	C.P.P.		
	Employment Ins.		
Cheque number	Sub-total		
	Less advances		
Secretary-Treasurer	Total Payment		