

**Association of Postal Officials of Canada**  
**York Branch**

**Travelling & Expenses Claim Form**

<b>Claimant</b>		<b>Classification level</b>	
<b>Address</b>			
<b>Purpose of travel / Expenses</b>			
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
<b>TOTALS</b>			
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		<b>Sub-total</b>	
		Less advances	
Secretary-Treasurer		<b>Total Payment</b>	