



ALBERTA EDUCATION EMPLOYEES COMMITTEE

EXPENSE VOUCHER -LOCAL

Name: _____

Meeting Dates: _____

Executive Position: _____

Meeting Place/Hotel: _____

| Date Expense Incurred | Full Details of Expense | Receipt "R" Attached | Unit Price | Total |
|-----------------------------------|-------------------------|----------------------------|---------------|-------|
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| Please attach necessary receipts. | | Total | | |

CERTIFICATE

This is to certify that the amounts shown on this statement were incurred by me on behalf of AEEC.

Executive Member Signature: _____

Payment Approved By: _____

Paid by Cheque #: _____

Date: _____

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| Bylaw # and/or Motion for Approved Expenses |
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