CIVIC SERVICE UNION 52

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PERSONAL EXPENSES

Claim Form

Date: _____

Name: _____ **Department**: _____

Phone Number: _____

Date/Vendor Name / Location	**Expenditure Explanation** *(Number of People & Names if applicable)*	**$ Amount**
	TOTAL	**$**

NOTE: MUST HAVE RECEIPTS FOR ALL EXPENSES ATTACHED

Claimant Signature _____