WEEKLY ADMINISTRATION EXPENSE RECORD

FORM E

WEEK ENDING _____ LOCAL _____

DATE	DESCRIPTION OF SUPPLIES PURCHASED	AMOUNT $

Signed:

TOTAL $

_____
LOCAL FINANCE SUB-COMMITTEE

Notes:

APPROVED TOTAL $

Approved by: _____
OPSEU STAFF REPRESENTATIVE

ATTACH ORIGINAL RECEIPTS/ INVOICES AND FORWARD EVERY WEEK TO THE OPSEU STAFF REPRESENTATIVE AT THE REGIONAL OFFICE TO BE APPROVED AND FORWARDED TO ACCOUNTING, HEAD OFFICE.

RETAIN A COPY FOR LOCAL RECORDS