



UNIVERSITY EMPLOYEES' UNION – CUPE 5791
Administration Humanities Building, University of Regina, S4S 0A2

Leave of Absence Voucher

To: Treasurer, CUPE 5791 Office

Date: _____

Name: _____

Department: _____ Supervisor: _____

Date(s) of LOA: _____

Hours _____ and/or # of days _____ @ _____ hours/day

Reason: _____

Union Business or Union/Management

Lost wages to be charged to:

CUPE 5791 CUPE Sask CUPE National

Diem required: No Yes #of days _____

Mileage required: No Yes To: _____

Meals required: No Yes

In Town Out of Town Out of Province

of Breakfast _____ #of Lunch _____ #of Supper _____

Member's Signature _____

FOR OFFICE ONLY

Payment Authorized by: _____

Diem \$ _____

Cheque # _____

Mileage \$ _____

Account # _____

Meals \$ _____

Voucher# _____

TOTAL \$ _____