



MILLWORKERS HEALTH AND WELFARE PLAN (CEP) FUND

#101 – 4190 Lougheed Highway, Burnaby, BC V5C 6A8
Telephone: 604-299-7482, 1-800-663-1356
Facsimile: 604-299-8136

EXPENSE REIMBURSEMENT REQUEST

DATE: _____

NAME: _____

ADDRESS: _____

Cheque made payable to the above or to: _____

DETAILS OF EXPENSES:

DATE	DETAIL OF EXPENSE	AMOUNT \$
TOTAL		

SIGNATURE: _____

CHEQUE No: _____