

AFSCME LOCAL 3800 EXPENSE REPORT

Name: _____ Address: _____ _____ _____ City State Zip _____ Area Code Telephone No.	Signature: _____ Date: _____ Approval: _____
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Date	Description*	Amount
	*Must be a detailed description of the activity and explanation for why you are requesting reimbursement. All reimbursements must show Union-related business.	

Explanation / Comments:
 Mileage: total miles
 Lodging: receipt must be attached

For Treasurer's Use Only	
Date Paid:	_____
Check Number:	_____
Treasurer's Initials:	_____

Total Expense:	_____
Less Advance:	()
Less Amt Pd by Local:	()
Reimbursement:	=====

* Reimburse at \$0.485 cents per mile.

BE SURE YOU SIGNED THE TOP OF THE FORM