

AFSCME LOCAL 3800 EXPENSE REPORT

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|--|---|
| Name: _____ Address: _____ _____ City State Zip _____ Area Code Telephone No. | Signature: _____ Date: _____ Approval: _____ |
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| Date | Description* | Amount |
|------|---|--------|
| | <small>*Must be a detailed description of the activity and explanation for why you are requesting reimbursement. All reimbursements must show Union-related business.</small> | |
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| Explanation / Comments: Mileage: total miles Lodging: receipt must be attached | <p align="center">For Treasurer's Use Only</p> Date Paid: _____ Check Number: _____ Treasurer's Initials: _____ | Total Expense: _____ Less Advance: () Less Amt Pd by Local: () Reimbursement: _____ |
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