AFSCME LOCAL _____ EXPENSE REPORT

Name: _____

Address: _____

_____
City State Zip

_____
Area Code Telephone No.

Signature: _____

Date: _____

Approval: _____

Date	Place and Purpose	Mileage *		Per Diem	Lodging (Attach Receipt)	Other Explain & Attach Receipts	Amount
		Miles	Cost				
TOTALS							

Explanation/Comments:

For Treasurer's Use Only

Date Paid: _____

Check Number: _____

Treasurer's Initials: _____

Total Expense: _____

Less Advance: ( )

Less Amount Pd by Local: ( )

Reimbursement: _____

* Reimburse at _____ cents per mile.