

AFSCME LOCAL 2975 EXPENSE REPORT

Name: _____

Signature: _____

Address: _____

Date: _____

City, State, Zip: _____

Phone Number: _____

Approval: _____

Please attach all receipts.

Date	Vendor	Purpose	Mileage*		Per Diem	Lodging	Other (please explain)	Total Amount
			Miles	Cost				

* 2018 mileage rate: 54.5 cents per mile

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

Total Expenses: _____

Less Advance: _____

Less Amount Paid by Local: _____

TOTAL REIMBURSEMENT: _____