AFSCME LOCAL _____ EXPENSE REPORT

Name: _____ Signature: _____

Address: _____ Date: _____

_____
City State Zip

_____ Approval: _____
Area Code Telephone No.

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.