

AFSCME Local #      Expense Report

Name: _____	Signature: _____
Address: _____	Date: _____
_____	
City          State          Zip	
_____	Approval: _____
Area Code          Telephone No.	

Date	Place and Purpose	Car Mileage*		Meal Per Diem <small>(No Receipts Necessary)</small>	Lodging <small>(Attach Receipt)</small>	Other <small>Explain &amp; Attach Receipts</small>	Amount
		Miles	Cost				
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
TOTALS							\$ -

<u>Explanation/Comments:</u>  	For Treasurer's Use Only  Date Paid: _____ Check Number: _____ Treasurer's Initials: _____	Total Expense:                      \$ -  Less Advance:                         \$ - Less Amount Pd by Local:             \$ - Reimbursement:                        \$ -
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\* Reimburse at 51¢ per mile as of 1/1/2011