

AFSCME Local 2067 Expense Report

Name:	
Address:	
Phone Number:	
Date Submitted:	

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

*Reimburse at _____ cents per mile

Explanation/Comments:

FOR TREASURER'S USE ONLY	
Date Paid:	
Check Number:	
Treasurer's Initials	

Total Expense:	
Less Advance:	()
Less Amount Pd by Local:	()
Reimbursement:	

Employee Signature: _____

Date:

Approved: _____

Date: