AFT-Wisconsin

EXPENSE REIMBURSEMENT FORM

Name: _____
Address: _____
City, State, Zip: _____
Home Phone: _____
Work Phone: _____

Activity/Event(s): _____
AFT-W Board Member (list elected position): _____
AFT-W Committee Member (list committee): _____
Local Name and #: _____

NOTE: Receipts should be attached for all expenses. Please refer to expense form guidelines.

Date	Destination/Description of Expenses	Travel			Meals			Lodging	Other Expenses	Daily Total
		Miles	Rate	$ Amount	Breakfast	Lunch	Supper			
			0.375	$0.00						$0.00
			0.375	$0.00						$0.00
			0.375	$0.00						$0.00
			0.375	$0.00						$0.00
			0.375	$0.00						$0.00
			0.375	$0.00						$0.00
			0.375	$0.00						$0.00
			0.375	$0.00						$0.00
	TOTALS	0		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	
							TOTAL AMOUNT DUE			$0.00

Justification of other expenses: _____

Signature: _____

NOTE: Expenses should be submitted within sixty (60) days of occurrence. This will ensure proper payment according to AFT-W policies and procedures.

This area for office use

Check # _____ Issued by _____ Date _____

Instructions to sender: Print, sign, and mail this form to AFT-W; save a copy for your files.