AFSCME LOCAL 2748 EXPENSE REPORT

Name: _____ Signature: _____

Address: _____ Date: _____

KEEP YELLOW COPY FOR YOUR RECORDS

_____
City State Zip

_____
Area Code Telephone No.

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

Explanation/Comments:

☐ I certify I lost/used ____ hours and request reimbursement of wages. ____ Initials

For Treasurer's Use Only

Date Paid: _____

Check Number: _____

Treasurer's Initials: _____

Total Expense: _____

Reimbursement: _____

* Reimburse at _____cents per mile.