

Expense Reimbursement Form – AFSCME Local 3937

Every expense must be accompanied by receipt(s)!

Date Incurred						Total
Overnight Stay? YES or NO						
Lodging						
Meals	Breakfast					
	Lunch					
	Dinner					
Travel: # of miles						
At \$0.xxx/mile <small>(see treasurer)</small>						
Parking, receipt required:						
Other + explain:						
Total						

Activity/function necessitating the expense: _____

Please print the following information:

Name	
Address	
City, State, Zip Code	
Email	
Phone	

Signature – required for payment: _____

Approved by: _____

AFSCME Local 3937 312 Central Ave SE, Suite 356 Minneapolis, MN 55414	Check number: _____ Date: _____ Amount paid: _____
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