

AFSCME Local 2831 Travel Advance/Reimbursement Form

<b>Name:</b> _____	<b>Signature:</b> _____
<b>Address:</b> _____	<b>Date:</b> _____
_____ City                  State          Zip	<b>Approval:</b> _____
_____ Area Code                  Telephone #	

Date	Place and Purpose	*Mileage		Per Diem	Lodging/Travel /Other \$\$\$	Lodging/Travel/Other Explain & Attach Receipts	Amount
		Miles	Cost				
<b>TOTALS</b>							

<b>Explanation/Comments:</b>	<b>For Treasurer's Use Only</b>  Date Paid: _____ Check #: _____ Treasurer's Initials: _____	<b>Total Expense:</b> _____ <b>Less Advance:</b> _____ <b>Less Amount Pd by Local:</b> _____ <b>Reimbursement:</b> _____
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\* Reimbursement @ 58.5 cents per mile