

AFSCME LOCAL _____ EXPENSE REPORT

Name: _____

Signature: _____

Address: _____

Date: _____

City State ZIP

Approval: _____

Area Code Telephone No.

Date	Place and Purpose	Mileage		Per Diem	Lodging (Attach Receipt)	Other Amount	Other Explanation (Attach Receipts)	Totals
		Miles	Cost					
			-					-
			-					-
			-					-
			-					-
			-					-
			-					-
			-					-
			-					-
Totals		-	-	-	-	-		-

Explanations/Comments:

For Treasurer's Use Only

Date Paid: _____

Check Number: _____

Treasurer's Initials: _____

Total Expense: _____ -

Less Advance: _____

Less Amount Pd by Local: _____

Reimbursement: _____ -

NOTE: For 2019, the federal mileage rate is 58 cents per mile.