

**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					
			-					-
			-					-
			-					-
			-					-
			-					-
			-					-
			-					-
			-					-
<b>Totals</b>		-	-	-	-	-		-

Explanations/Comments:

For Treasurer's Use Only	
Date Paid:	_____
Check Number:	_____
Treasurer's Initials:	_____

<b>Total Expense:</b>	_____	-
<b>Less Advance:</b>		
<b>Less Amount Pd by Local:</b>	_____	
<b>Reimbursement:</b>		_____

NOTE: For 2014, the federal mileage rate is 56 cents per mile.