Do NOT Submit This Form to Headquarters

[For Region, Local & Unit Use ONLY]

CSEA
Local 1000 AFSCME, AFL-CIO

EXPENSE VOUCHER

Date ______________ Page ______

REGION or LOCAL or UNIT Name: ______________

Name ______________

NOTE: Driver ONLY, **not passengers**, eligible for mileage reimbursement

DATE	FROM	TO	TIME DEPART	TIME ARRIVE	AUTO MILES BETWEEN TOWNS	AUTO MILES IN CITY	PURPOSE OF TRAVEL	TRANS-PORTATION PAID	MEALS No.	MEALS AMOUNT	ROOM	SUB Vouch. No.	MISCELLANEOUS AMOUNT	MISCELLANEOUS EXPLANATION
				TOTALS:	TOTAL MILES		TOTAL MILEAGE EXPENSE							TOTAL ALL EXPENSES

FOR TREASURER'S USE ONLY:

ACCOUNT No. ______________

DATE PAID ______________

CHECK No. ______________

REVIEWED BY ______________

____
APPROVED BY

____
DATE

I certify that the above expenses were necessary, just, true and accurate. I am not being reimbursed, nor will I seek reimbursement, for any part of this expense voucher from any other source.

______________ SIGNATURE ______________ Title or Committee

____
ADDRESS

REV. 9/98