



EXPENSE REIMBURSEMENT REQUEST

Attach all receipts and list in proper category. When receipts are not available, explain your expenditure.

NAME _____ DATE _____

HOME ADDRESS OR SCHOOL _____

	<u>AMOUNT SPENT</u>
Office Supplies	_____
Mileage (63.5 ¢ p/m), Parking and Tolls	_____
Meetings (Refreshments)	_____
Negotiations	_____
Contract Campaign	_____
Conferences (State Council, CACS, Division Council)	_____
Convention	_____
Other:	
_____	_____
_____	_____
TOTAL \$ REQUESTED	_____

APPROVED FOR PAYMENT _____

Matt Meyer, President

AMOUNT _____ DATE PAID _____ CHECK# _____