

## AFSCME LOCAL 2620 – EXPENSE REIMBURSEMENT FORM

FULL NAME (Print) \_\_\_\_\_ MAILING ADDRESS \_\_\_\_\_

HOME/CELL PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

UNION POSIITON (Circle one): Member Steward Exec. Board WORKSITE: \_\_\_\_\_

### ORIGINAL RECEIPTS ARE REQUIRED FOR ALL EXPENSES (EXCEPT MILEAGE)

Date of Event	Title of Meeting-Location and Union Business Purpose – Odometer Los Angeles Membership Meeting – Burbank Contract Ratification (odometer: 123,456 to 123,566 or attach MAPQUEST)	Driving (Mileage roundtrip ONLY)	Parking, Toll or Shuttle	Other Travel Expense	Meals Total	Lodging	Other Misc. Expense	Office Use Only (Do Not Use this column)
<b>MINUS MONEY OWED TO THE UNION [ FOR OFFICE USE ONLY]</b>								
<b>TOTAL AMOUNT [ FOR OFFICE USE ONLY]</b>								

**SEND TO: AFSCME LOCAL 2620, 2550 N. Hollywood Way #209, Burbank, CA 91505**

SIGNATURE \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Code #	Code#	Code#
Amt. # \$	Amt# \$	Amt# \$
Code #	Code#	Code #
Amt.# \$	Amt.# \$	Amt.# \$