



EXPENSE REIMBURSEMENT FORM
 (PRINT clearly and SIGN your name)

AFSCME Local 3142 – Public Safety

Mail this form to:

Paula Nieman

609 17th Ave N

South St Paul, MN 55075

Today's Date: _____ Name: _____

Check for an Address Change

Address: _____ City: _____ State: _____ Zip: _____

Union Function Attended: _____ Member Signature: _____

Date:						This Column is for Treasurer Only
Destination:						
Start Location:						
End Location:						
Lodging	\$	\$	\$	\$	\$	<u>TOTAL</u>
Direct Billed?	Name of Hotel:					\$

Meals:	Lodging:	Meal reimbursements that are not connected to an overnight lodging is considered taxable income. Identify "overnight" meals and attach a receipt to qualify for the non-taxable reimbursement. Check appropriate box below.				
Breakfast <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$	\$	\$
Lunch <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$	\$	\$
Dinner <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$	\$	\$

Total Miles Traveled @ _____ per mile						
Total Owed for Mileage	\$	\$	\$	\$	\$	\$

Parking/Transport	<input type="checkbox"/> Lot <input type="checkbox"/> Meter <input type="checkbox"/> Bus Fare	<input type="checkbox"/> Lot <input type="checkbox"/> Meter <input type="checkbox"/> Bus Fare	<input type="checkbox"/> Lot <input type="checkbox"/> Meter <input type="checkbox"/> Bus Fare	<input type="checkbox"/> Lot <input type="checkbox"/> Meter <input type="checkbox"/> Bus Fare	<input type="checkbox"/> Lot <input type="checkbox"/> Meter <input type="checkbox"/> Bus Fare	
Specify Park/Transport Type	\$	\$	\$	\$	\$	

Other: (Explain)	•					
Attach Receipts	\$	\$	\$	\$	\$	\$

Totals:	\$	\$	\$	\$	\$	\$
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Reports must be turned in promptly. Original itemized receipts must also be included with this form. We will not accept emailed or faxed copies of this form. Original signatures must be "live" and not a copy. Please submit to treasurer in person or via mail to the address listed above.

TREASURER'S USE ONLY			
Date Paid:	Check No:	Approved by:	Memo: