

AFSCME Local #602 Expense Report

Name: _____
 Address: _____

 City State Zip

 Area Code Telephone No.

Signature: _____
 Date: _____
 Approval: _____

Date	Place and Purpose	Car Mileage*		Meal Per Diem <small>(No Receipts Necessary)</small>	Lodging <small>(Attach Receipt)</small>	Other <small>Explain & Attach Receipts</small>	Amount	
		Miles	Cost/Mile					
							\$	
							\$	
							\$	
							\$	
							\$	
							\$	
							\$	
							\$	
							\$	
							\$	
							\$	
TOTALS							\$	
<u>Explanation/Comments:</u>		For Treasurer's Use Only			Total Expense		\$	
		Date Paid: _____					Less Advance	\$
		Check Number: _____					Less Amount Pd by Local	\$
		Treasurer's Initials: _____					Reimbursement	\$

* Reimburse at _____ per mile