EXPENSE REIMBURSEMENT FORM

Name: _____

Address: _____

Street City State Zip

AFSCME Local 66
P.O. Box 563
Virginia, MN 55792

☐ Check here if this is an address change for you.

Union activity/function attended: _____

(NOTE: IF CLAIMING EXPENSES FOR MORE THAN ONE ACTIVITY, BE SURE TO SPECIFY WHICH ACTIVITY EXPENSE WAS INCURRED ON WHICH DATE.)

Meal reimbursement not connected to overnight lodging is taxable income to the recipient. Identify overnight lodging meals for non-taxable reimbursement. All meal reimbursement requests must be accompanied by a receipt.

DATES:							
Start Location:							**TOTALS:**
Destination:							
End Location:							

Meals:	Lodging:							
Breakfast	☐ Yes ☐ No	$	$	$	$	$	=	$
Lunch	☐ Yes ☐ No	$	$	$	$	$	=	$
Dinner	☐ Yes ☐ No	$	$	$	$	$	=	$

Lodging: (Receipt always required)	$	$	$	$	$	=	$
Direct-billed? ☐ Yes + Name of hotel:							

Travel: # of miles:							
@ _____/mile	$	$	$	$	$	=	$

Parking/Transport: ☐ Lot/Ramp (receipt req.)	$	$	$	$	$	=	$
☐ Meter	$	$	$	$	$	=	$
☐ Bus Fare	$	$	$	$	$	=	$

OTHER: (Explain and attach necessary receipts.)							
_____	$	$	$	$	$	=	$

TOTALS:	$	$	$	$	$	=	$
							GRAND TOTAL

Signature: _____

Mail to address at top or email to Wendy Wohlwend, Local 66 President, at afscmelocal66@gmail.com for approval.

(Not for reimbursement of lost time.)

Updated 4/5/2024