

EXPENSE REIMBURSEMENT FORM

Name: _____

AFSCME Dakota County

Address: _____

Street

City

State

Zip

☐

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: _____
Destination: _____
End Location: _____

TOTALS:

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 your Dakota County Local President for approval.