

AFSCME LOCAL 390 EXPENSE REPORT

Name _____ Signature _____
 Address _____ Date _____

 City State Zip _____
 () _____
 Area Code Telephone No. _____ Approval _____

Date	Place and Purpose	Milage				Per Diem	Lodging (Attach Receipt)	Other (Explain & Attach Reciepts)	Amount
		Odometer Reading		Total Miles	Cost				
		Start	End						

Explanation/Comments:

	For Treasurer's Use Only		Total Expense: _____
	Date Paid _____	_____	Less Advance: () _____
	Check Number _____	_____	Less Amount Pd by Local: () _____
	Treasurer's Initials _____	_____	Reimbursement: _____

* Reimburse at _____ cents per mile.