

AFSCME LOCAL 3758 EXPENSE REPORT 2020

Name: _____ Signature: _____
 Address: _____ Date: _____

 City State Zip

 Area Code Telephone No. Approval: _____



AFSCME Local 3758

Date	Place and Purpose	Travel Fare		Lodging (Attach Receipt)	Other Explain & Attach Receipts	Other Amount
		Mileage *				
		Miles	Cost			
			*67 cents (IR			
TOTALS						

Explanation/Comments:

* Maximum mileage reimbursement is the current IRS allowed rate. The rate for 2024 is \$0.67 per mile.

If mileage, you MUST include a printed Google Map that shows mileage from starting point to end point.

Submit by scanning all papers and email to griffin.annee@gmail.com

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