

AFSCME LOCAL 3758 EXPENSE REPORT 2020

Name: _____

Signature: _____

Address: _____

Date: _____



AFSCME
Local 3758

City State Zip

AFSCME Local 3758

Area Code Telephone No.

Approval: _____

Date	Place and Purpose	Travel Fare		Per Diem	Lodging (Attach Receipt)	Other Explain & Attach Receipts	Other Amount
		Mileage *					
		Miles	Cost				
		entire trip	* 0.575				
TOTALS							

Explanation/Comments:

* Maximum mileage reimbursement is the current IRS allowed rate.

The rate for 2019 is \$0.575 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

TRLSAtrezr@gmail.com

For Treasurer's Use Only

Date Paid: _____

Check Number: _____

Treasurer's Initials: _____

Total Expense: _____

Less Advance: ()

Less Amount Pd by Local: ()

Reimbursement: _____