CUE Local 3 Check Request for Local Expenses

PLEASE READ: Receipts must be taped to an 8 1/2 x 11 sheet of paper. Staple receipted page to this form. Incomplete expense forms will be returned to sender for completion.

Make Check Payable To: (Please print neatly)

Name_____ **Daytime phone ( )**_____

Mailing Address_____ **CAMPUS**_____

City_____ **State** _____ **Zip**_____

PLEASE NOTE: Private care mileage reimbursed **at $0.37.5/mile** includes gas. **Please list mileage,** start to finish. Maximum meal allowance: $15 breakfast- -$20 lunch- -$30 dinner.

DO NOT USE THIS FORM FOR BARGAINING, STATEWIDE, OR LOST TIME EXPENSES

Reason for expense, and **description of type** of expense (include names of guests if hosting a meal). For travel, name or **description of event** you are attended.	Date of expense	amount to be reimbursed

Total Amount to be reimbursed: **$**_____

I certify that the above is a true statement, that the expenses claimed were incurred by me on official CUE business, and that I have attached original receipts for each expense.

Signature_____ **Date**_____

Authorized by:_____ **Date** _____

Authorized by:_____ **Date** _____

Approved by (check one) ____ Eboard or ____ Membership meeting on _____
(date)

Return completed form to:

Treasurer
CUE Local 3
2161 Allston, Suite B
Berkeley, CA 94704

(revised 4-04)