Reimbursement 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.**

PLEASE KEEP A COPY OF THIS FORM & ALL RECEIPTS FOR YOUR RECORDS.

Make Check Payable To: (Please print neatly)

Name_____ **Daytime phone (_____)**_____

Mailing Address_____ **CAMPUS** _____

City _____ **State** _____**Zip** _____

PLEASE NOTE: Private car mileage reimbursed **at 55 cents per mile** includes gas. **Please include total mileage.** **Maximum meal allowance: $15 breakfast- -$20 lunch- -$30 dinner**.

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

Reason and **description of type** of expense, (include names of guests on a separate sheet if hosting a meal).

Event	Description	Location	Date/Event Date/Expense	Amount

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

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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)

(Rev 01/09) **Return completed form to: Local Treasurer**