

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 58.5 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).

<u>Event</u>	<u>Description</u>	<u>Location</u>	<u>Date/Event</u> <u>Date/Expense</u>	<u>Amount</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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)