

CUE Reimbursement Request for **Miscellaneous STATEWIDE 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.

*** PLEASE DO NOT USE THIS FORM FOR LOST TIME PAY -**

(contact the Statewide Office to request the correct forms for LOST TIME pay)

This form is to request reimbursement for:

- Statewide training or workshops
- Expenses from conferences paid by Statewide
- and any other Statewide expense that is not Bargaining or Eboard related

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 list mileage, start to finish**
(car mileage expenses will NOT be reimbursed without mileage listing).
Maximum meal allowance: \$15.00 breakfast - \$20.00 lunch - \$30.00 dinner

DATE _____ EVENT _____ Location _____

Name or description of event you attended:

Reason for expense: description of type of expense
(include names of guests if hosting a meal).

Date of expense Amount to be reimbursed

Name or description of event you attended: Reason for expense: description of type of expense (include names of guests if hosting a meal).	Date of expense	Amount to be reimbursed
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 _____

Return completed form to: **Bookkeeper**
CUE
2855 Telegraph Ave., Suite 302
Berkeley, CA 94705