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 58.5 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**

Total Amount to be reimbursed: $_____

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

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