

**SEIU Local 503, OPEU
REQUEST FOR REIMBURSEMENT**

PAYMENT FROM
General Fund

PAYEE: _____ PHONE:(Home) _____

MAILING ADDRESS: _____ (Work) _____

CITY _____ STATE _____ ZIP _____ E-MAIL _____

1. Meals *

Date	Meeting Attended / Purpose	Bkfst.	Lunch	Dinner	2. Lodging
		\$	\$	\$	
	Totals				

* Attach receipts to this form

Date	3.Private Car Mileage/Destination	* Carpool Passengers	Miles	Rate	Amount
				\$	\$
	Totals				

* Single Passenger Rate = \$.06 less than IRS Rate per mile, Carpool Rate = \$.06 additional per mile

Date	4. Miscellaneous * / Description	Amount	HQ OFFICE USE ONLY	
	Totals			

* Attach receipts to this form

I certify that the above expenditures are just and were made in the furtherance of SEIU business and request reimbursement under SEIU Local 503 policies.

(Signature of Payee)

Approval

Date: _____

Approved by Title

(Note: Keep Yellow Copy for Your Records)