

NCSEAPWA
Expense Reimbursement Form

Union Position: _____
Date(s) Expenses Incurred: _____

Date Submitted: _____

Name: _____
Union Position: _____

Local Chapter: _____
State Board: _____

DATE	DESCRIPTION	MILEAGE				AIRFARE	LODGING	MEALS & TIPS	LOST WAGES			OTHER	TOTAL
		Start	Stop	Total	Rate (\$.67)				# Hours	Hrly Rate	Total		
		0	0	0.00	\$0.00						\$0.00	\$0.00	\$0.00
		0	0	0.00	\$0.00						\$0.00	\$0.00	\$0.00
		0	0	0.00	\$0.00						\$0.00	\$0.00	\$0.00
		0	0	0.00	\$0.00						\$0.00	\$0.00	\$0.00
				0.00	\$0.00						\$0.00	\$0.00	\$0.00
				0.00	\$0.00						\$0.00	\$0.00	\$0.00
				0.00	\$0.00						\$0.00	\$0.00	\$0.00
				0.00	\$0.00						\$0.00	\$0.00	\$0.00
				0.00	\$0.00						\$0.00	\$0.00	\$0.00
				0.00	\$0.00						\$0.00	\$0.00	\$0.00

Subtotal: \$0.00

Itemized Expenses / Credits or Description for "Other"

DATE	DESCRIPTION	AMOUNT

Advance:

Total Reimbursement: \$0.00

Authorized by: _____
Title: _____

Date: _____