

Expense Reimbursement Request

Name: _____ Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____

Telephone: _____ Cell: _____ Work: _____

Activity (listed on back page): _____

Location of Activity: _____

If travel included, place of origin: _____

Activity

Travel to and from Activity

Travel Times

Starting Time: _____ Date: _____

Travel to: _____ - _____ Date: _____

Ending Time: _____ Date: _____

Travel from: _____ - _____ Date: _____

Transportation:

Auto _____ miles @ \$0.535 per mile

\$ _____

Receipts must be included for the following:

Rail/Bus/Plane Ticket (s)

\$ _____

Taxi (\$ _____) Parking (\$ _____)

\$ _____

*Name(s) of any AASF member(s) in addition to yourself for whom auto transportation was provided:

Hotel/Motel

\$ _____

Meals: (Suggested daily max. \$51.00)

\$ _____

Other (specify) _____

\$ _____

TOTAL

\$ _____

I certify that these expenses are related to an approved AASF activity.

Signature _____

Date _____

(Please continue on next page)

MN Teamsters Local 320 Activities:

State Meetings: *Meet & Confer ____ *Equity ____ *President/Steward Training ____

Committees: *Legislative ____ *Grievance ____ *Negotiations ____ *SEC _____

Officers: *Grievance Officer ____

Release Time: *Grievance Officer ____

<http://www.msuaasf.org/wp-content/uploads/2016/04/Teamster-16-Mbr-Mileage.pdf>

<http://www.msuaasf.org/wp-content/uploads/2016/04/TeamsterExpReport.pdf>

Email: local320@teamsterslocal320.org Phone: 1-800-637-5430

Website: teamsterslocal320.org Fax: 612-331-8948

AASF Activities:

State Meetings: Exec Bd ____ State Bd ____ Trustees ____ Chancellor ____

Committees: Nominations ____ Constitution ____ Membership ____ Appt ____
Policy ____ Academic Student Affairs ____

Officers: Pres ____ VP ____ Sec ____ Treas ____ Assoc Rep ____

Other: Campus Maintenance ____ Campus Support ____ Scholarship ____
Equip ____ Gifts ____ Charity ____ Audit ____ Bank Chg ____

Release Time: Pres ____ V Pres ____

Please send this completed form to: Sue Bayerl
AASF State Treasurer
St. Cloud State University
720 4th Avenue South
St. Cloud, MN 56301-4498

Phone: 320-308-4039

Email: sjbayerl@stcloudstate.edu

Payment Date: _____

Check # _____

Treasurer: _____