

### 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 @ \$0.545 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](mailto:local320@teamsterslocal320.org) Phone: 1-800-637-5430

Website: [teamsterslocal320.org](http://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 4<sup>th</sup> Avenue South  
St. Cloud, MN 56301-4498

Phone: 320-308-4039

Email: [sjbayerl@stcloudstate.edu](mailto:sjbayerl@stcloudstate.edu)

Payment Date: \_\_\_\_\_

Check # \_\_\_\_\_

Treasurer: \_\_\_\_\_