

## Expense Reimbursement Request

Name:	Address:			
City:	State:		ip:	
Email:				
Telephone:				
Activity (listed on back page):				
Location of Activity				
If travel included, place of origin:			_	
<u>Activity</u>	1	<u>Travel to ar</u> Travel 1	nd from Activity	
Starting Time:Date:			Date:	
Ending Time: Date:	Tr	avel from:	Date:	
Transportation: Auto miles @ \$0.575	per mile		\$	
Receipts must be included for the	following:			
Rail/Bus/Plane Ticket (s)			\$	
Taxi (\$) Parking *Name(s) of any AASF member(s) auto transportation was provided:	in addition to y		\$	
Hotel/Motel			\$	
Meals: (Suggested daily max. \$51	.00)		\$	
Other (specify)			\$	
TOTAL			\$	
I certify that these expenses are re	elated to an ap	proved AASF ac	tivity.	
Signature		Date	e	
(Please continue on next page)				

AASF Activities:				
State Meetings: Exec Bd St	ate Bd Trustees Chancellor			
	Constitution Membership Appt Academic Student Affairs			
Officers: Pres\	VPSec Treas Assoc Rep			
·	MaintenanceCampus Support Scholarship _ Gifts CharityAuditBank Chg			
Release Time: Pres V Pre	es			
Please send this completed forn	n to: Lori Wynia AASF State Treasurer Southwest Minnesota State University 1501 State Street Marshall, MN 56258			
Phone: 507-537-7424	Email: lori.wynia@smsu.edu			
MN Teamsters Local 320 Activities:				
State Meetings: *Meet & Confer *Equity*President/Steward Training				

http://www.msuaasf.org/wp-content/uploads/2013/06/Teamster-Mileage-and-Expense-Forms.pdf

Committees: \*Legislative \_\_\_\_\*Grievance \_\_\_\_\*Negotiations \_\_\_\_\*SEC\_\_\_\_\_

**Email:** <u>local320@teamsterslocal320.org</u> **Phone:** 1-800-637-5430 **Website:** <u>teamsterslocal320.org</u> **Fax:** 612-331-8948

(01/06/2020)