

Expense Reimbursement Request

Name:	Address:	
City:	State:	Zip:
Email:	Telephone:	
EVENT/ACTIVITY DETAILS		
Activity (see reverse):		
Location of Activity:		
Did you travel to the activity?: Yes		
If you answered yes to travel, include p	olace of origin:	
Start Time: End Time:	— Departure Time:	Arrival Time:
Start Date: End Date:	Departure Date:	Arrival Date:
Train/Bus/Plane Ticket @ actual cost (re Taxi @ actual cost (receipt required) Parking @ actual cost (receipt required 'Name(s) of ASF member(s) in addition)	\$ \$
Lodging @ actual cost (receipt required Meals: \$12 Breakfast, \$15 Lunch, \$23 Dir		
Breakfast Lunch Dinner Other: (receipt required)		\$
TOTAL		
certify that these expenses are related	to an approved ASF activity.	
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(Please continue on next page)

ASF ACTIVITIES:		
State Meetings: C	ommittees:	Other:
Executive Board	Nominations	Campus Maintenance
State Board	Constitution	Campus Support
Board of Trustees	Membership	Equipment
Chancellor Meeting _	Policy	Gifts
	Academic Student Affairs	Charity
Release Time: —	Scholarship	Audit
	Appt	Bank Charge
Pres VP	Other:	Other:
Officers:PresVP	Sec Treas Asse	oc Rep:
Please send this completed form to (email preferred; mail hard copy accepted): Mandy Weister: Career Dev Center ASF State Treasurer Minnesota State University, Mankato 209 Wigley Admin Building		
Email:amanda.weister@mnsu.a Phone: 507-389-5048	Mankato, MN 56001	ii ig
MN Teamsters Local 320 Active State Meetings: Meet & Conf	ities: fer President/Steward	Training
Committees: Legislative Grievance Negotiations SEC		
https://www.msuaasf.org/wp-content/up	oloads/2023/02/MemberMileage2023.pdf	
https://www.msuaasf.org/wp-content/up	loads/2023/02/ExpenseReport21.pdf	
Address: 3001 University Ave. SE #500, Mir Email: local320@teamsterslocal320.org Phone: (612) 378-8700 Website: teamsterslocal320.org Fax: (612)331-8948	nneapolis, MN 55414	
For use of ASF State Treasurer	only:	
Date Check Sent:		
Check Number:		
Other Notes:		
Date Cashed:		