

2024 Teamsters Member Mileage Reimbursement Request

Please print legibly

All Union Reimbursement forms must be filled out accurately and completely

NAME: _____ EMPLOYER: _____

ADDRESS: _____

SIGNATURE: _____ DATE: _____

DATE:	STARTING POINT ADDRESS:	ENDING POINT ADDRESS:	PURPOSE OF TRAVEL: (example: negotiations, etc.)	TOTAL MILES:

Total Miles: _____ X **2024** IRS Business Mileage Reimbursement Rate: **\$00.67** Effective 01/01/2024

Total Reimbursement Due: _____

Approval: Brian Aldes,
Secretary Treasurer/320

Approval: Business Agent