

# 2026 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:<br>(example: negotiations, etc.) | TOTAL<br>MILES: |
|-------|-------------------------|-----------------------|---|-----------------|
|       |                         |                       |   |                 |
|       |                         |                       |   |                 |
|       |                         |                       |   |                 |
|       |                         |                       |   |                 |

Total Miles: \_\_\_\_\_ X **2026** IRS Business Mileage Reimbursement Rate: **\$00.725** Effective 01/01/2026

Total Reimbursement Due: \_\_\_\_\_

\_\_\_\_\_  
Approval: Erik Skoog,  
Secretary Treasurer/320

\_\_\_\_\_  
Approval: Business Agent