Expense Report

Transport Workers Union

Local 564

Employee:
Department:
Submitted:

Purpose of expense:
(Arbitration related expenses – please use case number M-xxxx-xx or grievance G-xxxx)

Date	Description	Transport/ Mileage	Lodging	Meals	Other	Total	Expense Code*

Subtotal		
Less Cash Advanced		
Total Owed to You		
Total Reimbursed		

Names of all persons attended, along with meal type (B)reakfast, (L)unch, (D)inner and reason for meal, are required before any meal expense over the per diem rate (20.00 per day or $36.00 per overnight) will be considered.

Employee Signature: _____ Date: _____

Approved by: _____ Date: _____
By signing this report I certify that all information herein is true and complies with Local 564 By-laws.

*Include one of the following letter codes for each expense: R=Representational Activities, P=Political Activities, C=Contributions & Gifts, G=General Overhead, U=Union Administration.

Receipts must be attached to expense form.

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