Do NOT Submit This Form to Headquarters

[For Region, Local & Unit Use ONLY]

THE CIVIL SERVICE EMPLOYEES ASSOCIATION, INC.
Local 1000, American Federation of State, County & Municipal Employees, AFL-CIO

TRAVEL EXPENSE VOUCHER

Date _____ Page _____

Name _____

REGION or LOCAL or UNIT Name: _____

NOTE: Driver ONLY, **not passengers**, eligible for mileage reimbursement

DATE	FROM	TO	TIME		AUTO MILES		PURPOSE OF TRAVEL	TRANS-PORTATION PAID	MEALS		ROOM	SUB Vouchr No.	MISCELLANEOUS	
			DEPART	ARRIVE	BETWEEN TOWNS	IN CITY			No.	AMOUNT			AMOUNT	EXPLANATION
TOTALS:					TOTAL MILES		TOTAL MILEAGE EXPENSE							TOTAL ALL EXPENSES

FOR TREASURER'S USE ONLY:

ACCOUNT No. _____

DATE PAID _____

CHECK No. _____

REVIEWED BY _____

_____
APPROVED BY

_____
DATE

I certify that the above expenses were necessary, just, true and accurate. I am not being reimbursed, nor will I seek reimbursement, for any part of this travel expense voucher from any other source.

_____ , _____
SIGNATURE Title or Committee

_____
ADDRESS

THE CIVIL SERVICE EMPLOYEES ASSOCIATION We Serve

REV. 5/83