

**Citizens Action For Political Education (CAPE)  
REQUEST FOR REIMBURSEMENT**

PAYEE: \_\_\_\_\_ PHONE:(Home) \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ (Work) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ E-MAIL \_\_\_\_\_

Date	Meeting Attended / Purpose	Bkfst.	Lunch	Dinner	2. Lodging
		\$	\$	\$	
	<b>Totals</b>				

\* Attach receipts to this form

Date	3.Private Car Mileage/Destination	* Carpool Passengers	Miles	Rate	Amount
				\$	\$
	<b>Totals</b>				

\* Single Passenger Rate = \$.06 less than IRS Rate per mile, Carpool Rate = IRS Rate per mile

Date	4. Miscellaneous * / Description	Amount	HQ OFFICE USE ONLY	
	<b>Totals</b>			

\* Attach receipts to this form

I certify that the above expenditures are just and were made in the furtherance of SEIU business and request reimbursement under SEIU Local 503 policies.

\_\_\_\_\_  
(Signature of Payee)

Committee Chairperson Approval

Date: \_\_\_\_\_

\_\_\_\_\_  
Approved by Title