

**SEIU Local 503, OPEU
REQUEST FOR REIMBURSEMENT**

PAYMENT FROM
General Fund

PAYEE: _____ PHONE:(Home) _____

MAILING ADDRESS: _____ (Work) _____

CITY _____ STATE _____ ZIP _____ E-MAIL _____

1. Meals *

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

* Attach receipts to this form

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

* 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	
Totals				

* 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)

SEIU STAFF
TO APPROVE: _____
(please print name)

Date: _____

DEPARTMENT: _____

(Note: Keep Yellow Copy for Your Records)