

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

PAYMENT FROM
LOCAL/SDA/CAUCUS _____

PAYEE: _____

PHONE: _____

MAILING ADDRESS: _____

E-MAIL: _____

CITY _____ STATE _____ ZIP _____

1. Meals *

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

* Attach receipts to this form

Date	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	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.

Approval

(Signature of Payee)

Approved by Title

Date: _____

Approved by Title

(Note: Keep a Copy for Your Records)