



Expense Report

Name _____
 Address _____

 Phone _____

By signing and dating below I confirm I have provided all applicable documentation to support this Expense Report submission and have retained copies for my personal records.

Signature _____
 Date _____

EXPENSES

Date				
Approved UBP				
Miles				
Mileage @ .58/mile*				
Parking				
Lodging				
Breakfast^				
Lunch^				
Dinner^				
Other				
Daily Total				

Mileage reimbursement requests must include proof of mileage, i.e. MapQuest/Google Maps

Total \$

LOST-TIME

Date		/ /	/ /	/ /
Approved UBP				
Hours				
Rate	\$	\$	\$	\$
Daily Total	\$	\$	\$	\$

Lost Time reimbursement requests must include proof of hourly pay rate and hours being claimed

Total \$0

Expense / Lost-Time report questions can be directed to Local 920's Treasurer

Mail expense report and original receipts to:

Treasurer
AFSCME Local 920
PO Box 3703
101 South Fifth Street, Suite 150
St. Paul, MN 55101

*Current IRS Mileage Reimbursement Rate <https://www.irs.gov/tax-professionals/standard-mileage-rates> | ^Rates follow current GSA Meals & Incidental Expenses www.gsa.gov/mie

~ Officer Use Only ~

_____ Date Received	_____	_____ Date Submitted
	<i>Chair Officer 1</i>	<i>(to Council 5)</i>
_____ Date Approved	_____	_____ Invoice Number
	<i>Chair Officer 2</i>	<i>(from Council 5)</i>
_____ Date Paid		_____ Local 920 Check #