



Mailing Address:
AFSCME Local 920
P.O. Box 3703
101 South Fifth Street, Suite 150
Saint Paul, MN 55101

Promise-to-Pay

Member Name: _____

Member Address: _____

Member Phone and Email: _____

I, _____ have received a cash advance of \$_____ from AFSCME
(Member Name)

Local 920 as Per Diem payment to attend _____, a union business purpose. By
(Event)

signing this document, I Promise to Pay AFSCME Local 920 back all monies not used for this intended purpose within 15 days of the event. Furthermore, I understand that failure to return any unused portion of the funds given to me within the 15-day grace period may result in charges filed against me under Article X – Judicial Procedure of AFSCME’s International Constitution.

(Member) Print and Sign By _____ (Date)

(AFSCME Local 920 Chair Officer) Print and Sign By _____ (Date)

(Witness) Print and Sign By _____ (Date)