

MSEA REIMBURSEMENT VOUCHER

*PIN NUMBER:

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CHAPTER _____

EXPENSE VOUCHERS MUST BE SUBMITTED WITHIN SIX (6) MONTHS.
IF NOT, REPAYMENT WILL BE SUBJECT TO APPROVAL BY THE BOARD OF DIRECTORS

DATE	ITEMIZE EACH TRIP SEPARATELY		TRANSPORTATION		LODGING		MISC.		MEALS			TOTAL EACH		
			TRAVEL		TOLLS	ATTACH	ATTACH	(ATTACH RECEIPTS)						
			MILES	AMOUNT	(RECEIPT)	RECEIPT	RECEIPT	BKFT.	LUNCH	DINNER	TRIP			
DAY	FROM -- TO	EXPLAIN PURPOSE OF EXPENSES												
TOTALS														

PAYABLE TO _____ SIGNATURE _____ DATE _____
PLEASE PRINT

TOTAL ALL COLUMNS

MAILING ADDRESS _____ APPROVED BY: _____ DATE _____
COMMITTEE CHAIRPERSON

LESS ADVANCE

_____ APPROVED BY: _____ DATE _____
FINANCE DIRECTOR

LESS PASER CONTRIBUTION

CARPOOLED WITH _____ DATE RECEIVED BY MSEA: _____

NET AMOUNT DUE

PLEASE CHECK I have read and understand the "Statement of Policy" that appears on the MSEA-SEIU Forms web page

*Your PIN Number appears on your membership card