

## **Expense Reimbursement Request**

Name:	Address:	
City:	State:	Zip:
Email:	Telephone:	
EVENT/ACTIVITY DETAILS		
Activity (see reverse):		
Location of Activity:		
Did you travel to the activity?: Yes	No	
If you answered yes to travel, include	e place of origin:	
Departure Time:	Departu	re Date:
Arrival Time:	·	
Auto miles @ \$0.67 per mile  Train/Bus/Plane Ticket @ actual cost ( Taxi @ actual cost (receipt required).  Parking @ actual cost (receipt require  Name(s) of ASF member(s) in addition	receipt required)	\$ \$
TOTAL	Dinner (\$50.00 max daily)	\$
certify that these expenses are relate		•••••
ignature	Dat	e

(Please continue on next page)

ASF ACTIVITIES:			
State Meetings: Co	ommittees:	Other:	
Executive Board	Nominations	Campus Maintenance	
State Board	Constitution	Campus Support	
Board of Trustees	Membership	Equipment	
Chancellor Meeting	Policy	Gifts	
	Academic Student Affairs	Charity	
Release Time: —	Scholarship	Audit	
	Appt	Bank Charge	
Pres VP	Other:	Other:	
Officers:PresVP	Sec Treas Ass	oc Rep:	
Please send this completed form to (email preferred; mail hard copy accepted):			
Email: ellie.ahmann@smsu.edu			
MN Teamsters Local 320 Activities:			
State Meetings: Meet & Confer President/Steward Training			
Committees: Legislative Grievance Negotiations SEC			
https://www.msuaasf.org/wp-content/uploads/2023/02/MemberMileage2023.pdf			
https://www.msuaasf.org/wp-content/uploads/2023/02/ExpenseReport21.pdf			
Address: 3001 University Ave. SE #500, Min Email: local320@teamsterslocal320.org Phone: (612) 378-8700 Website: teamsterslocal320.org Fax: (612)331-8948	neapolis, MN 55414		
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For use of ASF State Treasurer	only:		
Date Check Sent:			
Check Number:			
Other Notes:			
Date Cashed:			