

# PERSONAL EXPENSE VOUCHER (SPFPA)

Week of: \_\_\_\_\_ *(Detailed explanation required for reimbursement)*

Date: \_\_\_\_\_ Local#: \_\_\_\_\_ City: \_\_\_\_\_ Reason: (Grievance, Negotiating, Organizing)

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HOTEL: \_\_\_\_\_ TOTAL: \_\_\_\_\_ 3521

PER DIEM: as of 11/1/18  
 41.25 (Per Travel Day) # of Days at 41.25/each # of Days at 55.00/each TOTAL: \_\_\_\_\_ 3524  
 55.00 (Per Business Day)

MILES USED: \_\_\_\_\_ @ .29 per mile TOTAL: \_\_\_\_\_ 3527  
as of 8/24/10

INTERNET: \_\_\_\_\_ FAX: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_ TOTAL: \_\_\_\_\_ 3470

OFFICE SUPPLIES: \_\_\_\_\_ COPIES: \_\_\_\_\_ TOTAL: \_\_\_\_\_ 3500

POSTAGE: \_\_\_\_\_ TOTAL: \_\_\_\_\_ 3501

MEETING RM/REFRESHMENTS: \_\_\_\_\_ TOTAL: \_\_\_\_\_ 3528  
 (you must include detail on back of receipt.....reason for meeting, met with who)

TRANSPORTATION: \_\_\_\_\_ TOTAL: \_\_\_\_\_ 3520  
 (taxi, parking, tolls)

GAS: \_\_\_\_\_ TOTAL: \_\_\_\_\_ 3527

**RECEIPTS REQUIRED FOR ALL REIMBURSEMENTS**

**TOTAL EXPENSES:** \_\_\_\_\_

SIGNED: **X** \_\_\_\_\_

APPROVAL: **X** \_\_\_\_\_

RECEIVED: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**PLEASE WRITE CLEARLY AND LEGIBLY  
 SIGN YOUR NAME TO ALL VOUCHERS**

**For office use only**

Vendor No. _____	Amount _____
Invoice No. _____	Date paid _____
Chart No. _____	Check no. _____