

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: _____ @ .55 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. _____ |