

AFGE Local 3509 Voucher



From: _____
 Address _____
 City/State/ZIP _____

Send to:

_____, Treasurer
 AFGE Local 3509

Travel: Authorized by _____
 Date _____

Time Left _____ (military style)		Time Returned _____
Date left _____		Date returned _____
Destination _____	Purpose _____	
_____	_____	

Private Vehicle: _____ # Miles _____ X rate @ _____ ¢ per mile

Other transportation expenses (attach receipts) _____

Per Diem/Meals & Incidentals	First day (1) _____	75% X rate	
	# of full days _____	rate	_____
	Last day (1) _____	75% X rate	_____

Subtract meals provided by Local 3509 (mark all that apply)

_____ Breakfast
 _____ Lunch
 _____ Dinner

Other Expenses (list and attach receipts)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Total expenses _____

Outstanding advance _____

Net amount due _____

I certify that the above expenses were incurred on Union Business. I agree to reimburse AFGE Local 3509 if I receive payment for these expenses from any other source.

Signature _____ Date _____

Approved by _____ Date _____ 2d approval _____
 Advance cleared date: _____ Check # _____

Budget Category _____ Check amount _____ Check Number _____