AMERICAN FEDERATION OF GOVERNMENT EMPLOYEES
LOCAL/COUNCIL _____

Expense Reimbursement Voucher

Name: _____ Date: _____

Purpose:

_____

_____

_____

Date of Expense	Description	Expense Amount	Notes
Total		0.00	
Less: Travel Advance (amount must be entered as negative by using (-) before the number)			
Amount to be reimbursed (due)		0.00	

***Receipts must be attached for all expenditures except claims for per diem.**

Submitted by: _____ Date: _____

For Treasurer's Use Only

Approved by: _____ Date: _____

Check Number: _____

Check Date: _____