

Expense Advance and Reimbursement Form

Today's Date _____

Requester's Name _____

Work Location _____

Work Phone (_____) _____

Payee _____
If reimbursement, enter "Self"

Purpose _____
Please be specific

Invoice # _____ Invoice Amount \$ _____
(if available)

Additional Amount \$ _____

Date of Expense _____ **Total Request** \$ _____

I have attached receipts. I understand that if receipts are missing, payment may be delayed or denied.

This request is for an advance on expenses for which all documentation will be submitted when available. Failure to comply may result in your reimbursement to the Local of some or all advanced funds.

Signature

For Office of the Treasurer Use Only

Approved by Treasurer _____

Approved by Other _____ Position _____

Date Paid _____

Check # _____