



SEIU LOCAL 1000 DLC EXPENSE CLAIM FORM \$24K

DLC _____

Name (print) _____ Date _____

Mailing Address _____ City _____ Zip _____

Email Address: _____ Phone: _____

Date	Location	Time Depart	Time Return	Activity				
Expense								
1. Room	LODGING	LODGING	LODGING	LODGING				
2. Incidentals								
3. Breakfast	MEALS	MEALS	MEALS	MEALS				
4. Lunch								
5. Dinner								
6. Common Carrier	TRAVEL	TRAVEL	TRAVEL	TRAVEL				
7. Airporter								
8. Personal Car								
9. Parking								
10. Bridge Tolls								
11. Taxi Cabs	MISCELLANEOUS	MISCELLANEOUS	MISCELLANEOUS	MISCELLANEOUS				
12. Internet/phone								
13. Other (explain)								
TOTAL								

Date	Item	Comment

I hereby certify that this is a true statement of travel expenses incurred by me in accordance with the current travel policy of SEIU Local 1000 during the period of this claim, that all items shown were for official business of SEIU Local 1000 and that no expenses herein were received or paid from any other source.

SIGNATURE

TITLE

Date Paid _____

Check Number _____

Expense _____

Comment _____

Total expenses this page	_____
Total attached pages	_____
Grand total expenses	_____
Less - Travel advances	_____
Balance Due	_____
Member DLC	_____

NOTE: THIS SECTION FOR ACCOUNTING USE ONLY

APPROVED