



DLC _____

SEIU LOCAL 1000 DLC EXPENSE CLAIM FORM \$21k

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