



# SEIU LOCAL 1000 DLC EXPENSE CLAIM (2025)

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) .....				
<b>TOTAL</b>				

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