A Union of Professionals
AFT-Oregon
AFL-CIO

EXPENSE REPORT

Page 1 of

Print Name

Month & Year

ATTACH ALL RECEIPTS AND COMPLETE FORM. ** INCOMPLETE FORMS WILL BE RETURNED.

FOR OFFICE USE

Date	Location	Purpose	Transportation Miles	Transportation Cab / Rent	Lodging	Meals	Materials & Supplie	Other	Accounts	NC
		Total Miles	0							
		x 57 1/2 cents	0.00							
		Minimum Mileage (if applicable)								
		Totals from Page 1	0.00	0.00	0.00	0.00	0.00	0.00		
		Totals from Page 2	0.00	0.00	0.00	0.00	0.00	0.00		
		TOTAL ALL PAGES	0.00	0.00	0.00	0.00	0.00	0.00		
		TOTAL EXPENSE	0.00							

Signature:

Date:

Address:

FOR OFFICE USE

Approved

Date

Check No.

Date Paid

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		Total Miles	0							
		x 57 1/2 cents	0.00							
		Total Page 2	0.00	0.00	0.00	0.00	0.00	0.00		