

MICHIGAN STATE EMPLOYEES ASSOCIATION EXPENSE VOUCHER

Payable to: (Please print or type)	
Name: _____	Cost Center Code
Address: _____	Amount
City, State, Zip: _____	
Region: _____	

POSITION : check appropriate box

Executive Council Chief Steward Job Steward
 Sgt at Arms Spokesperson
 Region Director Region Alt Member Staff

I hereby certify 1) that all expenses on this voicher were incurred by me while discharging official business of MSEA;
 2) that the amounts shown are correct; and 3) that I have not received reimbursement for these expenses from any other source. I understand that the reimbursements are subject to final audit by the Audit Committee and that non allowable reimbursements will be repaid by me.

EVENT

Board/Spokesperson Training Region Meeting
 Grievance Arbitration _____
Please supply name of Grievant in either case

Committee Meeting _____
Committee Name

Caucus Meeting _____
Caucus Name

Other (list): _____

Primary Negotiations Secondary Negotiations

Department: _____

Person Submitting Voucher	Date
Authorizing Officer/Chairperson	Date

Date	Departure Time	Arrival Time	Travel Description (point to point & purpose - be specific)	Miles	Amount	Lodging (attach receipt - even if direct billed)	Meals - (per travel reg maximums - include receipts)	Other Expense (attach receipt & description)	Row Total
							B L D		
							B L D		
							B L D		
							B L D		
							B L D		
							B L D		
							B L D		
							B L D		
							B L D		
							B L D		
Column Totals									