MICHIGAN STATE EMPLOYEES ASSOCIATION EXPENSE VOUCHER

|  |  |  |
| --- | --- | --- |
| Name: Address: City:Phone: |  | Position: check the appropriate box.* Executive Council □ Spokesperson □ Chief Steward
* Region Director □ Sergeant at Arms □ Job Steward
* Region Director Alt □ Member □ Staff
 |
|  |
|  State: **Zip:** Region: Dept: Email: |
| **EVENT*** Board Meeting □ Committee: □ Arbitration:
* Spk Meeting Name of Committee Please supply name of Grievant/Member
* Region Meeting □ Caucus: □ Grievance:
* Negotiations Name of Caucus Please supply date & name of Grievant/Member
* Primary □ Secondary □ President's Request □ Other (please list):
 |
| ***NOTICE:*** By signing this voucher, I hereby certify: 1) that all expenses on this voucher were incurred by me while conducting official and approved business of MSEA; 2) that all amounts shown are correct; and 3) that I have notreceived reimbursement for these expenses from any other source. I understand that the reimbursements are subject to final audit by the Audit Committee and that I am responsible to repay any non-allowable or unauthorized reimbursements. |
| Signature: Date: Signature: Date:Person Submitting Voucher Person Authorizing Voucher |  |
|  |
| **Date** | **Depart Time** | **Arrival Time** | **Travel Description****(be specific)** | **Miles** | **Amount** | **Lodging** | **Meals Breakfast** | **Meals Lunch** | **Meals Dinner** | **Other Expense** | **Row Total** | **OFFICE USE** |
|  |  |  |  |  | $ | $ | $ | $ | $ | $ | $ |  |
|  |  |  |  |  | $ | $ | $ | $ | $ | $ | $ |  |
|  |  |  |  |  | $ | $ | $ | $ | $ | $ | $ |  |
|  |  |  |  |  | $ | $ | $ | $ | $ | $ | $ |  |
|  |  |  |  |  | $ | $ | $ | $ | $ | $ | $ |  |
|  |  |  |  |  | $ | $ | $ | $ | $ | $ | $ |  |
|  |  |  |  |  | $ | $ | $ | $ | $ | $ | $ |  |
|  |  | $ | $ | $ | $ | $ | $ | $ |  |
| Less Travel Advance: $Total Due to Payee: $p p p g ms. |  |  |
|  |  |

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