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 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 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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