

MICHIGAN STATE EMPLOYEES ASSOCIATION EXPENSE VOUCHER

Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Region: _____ Phone: _____ Dept: _____ Email: _____	Position: check the appropriate box. <input type="checkbox"/> Executive Council <input type="checkbox"/> Spokesperson <input type="checkbox"/> Chief Steward <input type="checkbox"/> Region Director <input type="checkbox"/> Sergeant at Arms <input type="checkbox"/> Job Steward <input type="checkbox"/> Region Director Alt <input type="checkbox"/> Member <input type="checkbox"/> Staff
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EVENT

<input type="checkbox"/> Board Meeting	<input type="checkbox"/> Committee: _____ <small>Name of Committee</small>	<input type="checkbox"/> Arbitration: _____ <small>Please supply name of Grievant/Member</small>
<input type="checkbox"/> Region Meeting	<input type="checkbox"/> Caucus: _____ <small>Name of Caucus</small>	<input type="checkbox"/> Grievance: _____ <small>Please supply date & name of Grievant/Member</small>
<input type="checkbox"/> Primary Negotiations	<input type="checkbox"/> Secondary	<input type="checkbox"/> President's Request
<input type="checkbox"/> 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: _____ <small>Person Submitting Voucher</small>	Date: _____	Signature: _____ <small>Person Authorizing Voucher</small>	Date: _____
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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: \$ _____