

**West St. Paul Local 1148 Expense Reimbursement Form**

Date Submitted \_\_\_\_\_

Name \_\_\_\_\_

School \_\_\_\_\_

Home Address (if requesting reimbursement in the summer)

\_\_\_\_\_  
\_\_\_\_\_

**Incomplete or Inaccurate Information Voids Payment**

**ALL RECEIPTS MUST BE ATTACHED**

<u>Date of expense</u>	<u>Description of expense</u>	<u>Amount</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**TOTAL TO BE PAID**

**\$ \_\_\_\_\_**

If you are claiming mileage, list the number of miles: \_\_\_\_\_

I hereby certify that this is a true and correct statement of the expenses I am claiming.

\_\_\_\_\_  
Signature of Person Requesting Payment

**DO NOT WRITE IN THIS SECTION**

Date Paid \_\_\_\_\_

Check # \_\_\_\_\_

\_\_\_\_\_  
Signature/Authorization of President

Amount \_\_\_\_\_

\_\_\_\_\_  
Signature/Authorization of Treasurer