



Engineers and Scientists of California Local 20
IFPTE (AFL-CIO & CLC)
810 Clay Street
Oakland, CA 94607
 Tel: (510) 238-8320 Fax: (510) 238-8324

2025 REIMBURSEMENT FOR PERSONAL EXPENSES

NAME: _____
 (Print Legibly)

TODAY'S DATE: _____

ACTIVITY/EVENT: _____

YOUR HOME ADDRESS _____

CITY/STATE _____

ZIP _____

EMPLOYER: _____

JOB TITLE: _____

PLEASE ATTACH ALL RECEIPTS

DATE INCURRED	ACCOUNTING CODE (Optional)	DESCRIPTION	AMOUNT
Sub-total from Reverse Side:			
TOTAL EXPENSES:			

 SIGNATURE

2025 Mileage Reimbursement Rate is 70 cents per mile

APPROVED PAYMENT: _____

CHECK NUMBER: _____ DATE: _____

ESC Local 20 Expense Reimbursement Form
Page two

Name: _____ **Date:** _____

DATE INCURRED	ACCOUNTING CODE (Optional)	DESCRIPTION	AMOUNT
Sub-total this page (also enter on front)			

ACCOUNTING CODES (PARTIAL LIST):

- EXECUTIVE/UNIT BOARD MEETINGS 5410**
- MEMBER TRAINING 5915**
- TELEPHONE 5630**
- UNION SERVICE -- TRAVEL 5945**
- UNIT SERVING -- MEALS 5930**
- UNION DEVELOPMENT 5925**
- NEGOTIATIONS 5910**
- ORGANIZING 7410**
- PARKING 5955**