



NAME: _____ **TODAY'S DATE:** _____
(Print Legibly)

| YOUR HOME ADDRESS | CITY/STATE | ZIP |
|-------------------|------------|-----|
|-------------------|------------|-----|

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

2026 Mileage Reimbursement Rate is 72.5 cents per mile

CHECK NUMBER: _____ DATE: _____

Page two

Name: _____

Date: _____

| DATE INCURRED | ACCOUNTING CODE (Optional) | DESCRIPTION | AMOUNT |
|---|----------------------------|-------------|--------|
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| 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 |