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

2026 REIMBURSEMENT FOR PERSONAL EXPENSES

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

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

2026 Mileage Reimbursement Rate is 76 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**