

OPEIU LOCAL 8 Expense Reimbursement Form

Name: _____

Address: _____

City/Zip: _____

Employer: _____

Date of Event: _____ **Event Location:** _____

Type of Event: Negotiations Lobby Day Member Education
 Membership Assembly Regional Meeting Executive Board
 Other (please specify) _____

Time Loss: (In accordance with IRS regulations, Section 6041(a), OPEIU Local 8 is required to supply a 1099 form for payments of \$600 or more during a calendar year.)

Social Security Number required for payment: ____ - ____ - ____

Hourly rate of pay: \$_____ Hours to be reimbursed: _____ Amount of time loss: \$_____

Mileage Reimbursement:

Actual number of miles traveled: _____ @ rate of .____/mile Mileage Total \$ _____
(Reimbursed at 40% of current IRS standard mileage rate. The Union reserves the right to use Mapquest or similar program as a guide for any mileage reported.) Per Local 8 policy gas is only paid if member must travel fifty (50) miles or more one way from home or place of work to event.

Per Diem/Lodging: Per diem & lodging expenses may be paid in compliance with Local 8's Member Expense and Time Loss policy. Must be for an overnight stay and travel fifty (50) miles or more one way from home or place of work to event. (Lodging receipt must be attached.)

Date(s) of night(s) spent: _____ Lodging Total \$ _____

Number of nights spent: _____ @ \$ _____ per night Per Diem Total: \$ _____

Other: (ORIGINAL receipt MUST be attached) _____

_____ Other: \$ _____

TOTAL REIMBURSEMENT: \$ _____

Member Signature: _____ Date: _____

Union Rep Approval: _____ Date: _____

Approval: _____ Date: _____