

REIMBURSEMENT FORM

NAME											
COUNCIL					ACTIVITY						
HOME ADDRESS											
DATE SUBMITTED											
Expenses			Date	Date	Date	Date	Date	Date			TOTAL
Breakfast		\$	\$	\$	\$	\$	\$	\$			X
Lunch		\$	\$	\$	\$	\$	\$	\$			X
Dinner		\$	\$	\$	\$	\$	\$	\$			X
TOTAL MEALS		\$	\$	\$	\$	\$	\$	\$			\$
Room		\$	\$	\$	\$	\$	\$	\$			\$
Taxi/Limo		\$	\$	\$	\$	\$	\$	\$			\$
Miscellaneous		\$	\$	\$	\$	\$	\$	\$			\$
DAILY TOTAL		\$	\$	\$	\$	\$	\$	\$			\$
Air, Bus, or Train Fare											\$
Auto Miles											\$
x IRS rate =											\$
Registration (If not pre-paid by the union)											\$
GRAND TOTAL											\$

Please fill out this reimbursement request, attach all receipts and return to:

Southwest Suburban Federation of Teachers, Attention: Sue Mirabella, 15521 S 70th Court, Orland Park, IL 60462 when you return from your conference/convention. You will be reimbursed for your airfare, train fare, bus fare, or automobile miles at the cost of airfare or current IRS rate (whichever is less); one-half (1/2) cost of double room; up to seventy-five (75) dollars total per day for meals and transportation; registration (if not previously paid by the Local); and any miscellaneous items purchased for the Local. **NOTE:** If meals are provided, the per diem amount allowed will be adjusted as follows: \$10.00 less for breakfast and \$15.00 less for lunch.

If your meals are listed on the receipt with others who are not attending the conference or convention, circle your cost for the meal on the receipt and enter only that portion on this form.

Remember -- You must have receipts in order to be reimbursed