



Berkeley Federation of Teachers

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EXPENSE REIMBURSEMENT REQUEST

Attach all receipts and list in proper category. When receipts are not available explain your expenditure.

NAME _____ DATE _____

HOME ADDRESS OR SCHOOL _____

	<u>AMOUNT SPENT</u>	<u>NC</u>
Office Supplies	_____	_____
Postage	_____	_____
Mileage (53.5 ¢ p/m), Parking and Tolls	_____	_____
Meetings (Refreshments)	_____	_____
Negotiations	_____	_____
Telephone	_____	_____
Good and Welfare (Gifts)	_____	_____
Conferences (CFT, State Council, etc.)	_____	_____
Legal	_____	_____
Other:	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL \$ REQUESTED _____

*NC=NON-CHARGEABLE

APPROVED FOR PAYMENT _____

Cathy Campbell, President

AMOUNT _____ DATE PAID _____ CHECK# _____