



United Professors of Marin

AFT/CFT Local 1610
 P.O. Box 503 • Kentfield, CA 94914
 Phone/Fax: (415) 459-1524
www.upm.website

REIMBURSEMENT FORM

Use this form to be reimbursed for any items purchased for UPM and its membership with prior approval by the UPM Executive Council, and for off-campus mileage accrued on behalf of UPM and its membership.

TO: **UPM TREASURER**

MEMBER NAME: _____ FORM DATE: _____

UPM PURPOSE: _____

MILEAGE REIMBURSEMENT (For Off-campus Meetings ONLY)			
Date	Description of Discussions/Topics	Location	Total Miles
Mileage Rate .575 per mile			
TOTAL MILEAGE REIMBURSEMENT:			

REIMBURSEMENT ITEMS			
Meeting Date	Description of Items and Purpose (Please attach copies of receipts)	Quantity	Total
SUBTOTAL OF REIMBURSEMENT ITEMS:			
TOTAL MILEAGE REIMBURSEMENT:			
TOTAL REIMBURSEMENT:			

IMPORTANT: By signing and dating below, I certify that the items and mileage submitted are an accurate record of the items I have purchased, and travel I completed during this pay period on behalf of the United Professors of Marin and its membership.

 MEMBER SIGNATURE

 DATE

 UPM APPROVAL SIGNATURE

 DATE