

AFT College Staff Guild Expense Form

Name: _____

Date: _____

Location:

- | | | | |
|-------------------------------------|----------------------------------|--------------------------------------|---------------------------------|
| <input type="checkbox"/> AFT Office | <input type="checkbox"/> East | <input type="checkbox"/> Pierce | <input type="checkbox"/> Valley |
| <input type="checkbox"/> City | <input type="checkbox"/> Harbor | <input type="checkbox"/> Southwest | <input type="checkbox"/> West |
| <input type="checkbox"/> District | <input type="checkbox"/> Mission | <input type="checkbox"/> Trade-Tech. | |

Category:

- | | | |
|--------------------------------------------|----------------------------------------------|------------------------------------------|
| <input type="checkbox"/> Chapter Expense | <input type="checkbox"/> Good & Welfare | <input type="checkbox"/> Printing |
| <input type="checkbox"/> Conference | <input type="checkbox"/> Leadership Training | <input type="checkbox"/> Staff Equipment |
| <input type="checkbox"/> Convention | <input type="checkbox"/> Meetings | <input type="checkbox"/> Supplies |
| <input type="checkbox"/> Employee Expenses | <input type="checkbox"/> Negotiations | <input type="checkbox"/> Other _____ |

Receipt #	Purpose of Expenditure	Amount

TOTAL _____

Please staple all original receipts to the back of this form, include any flyers, minutes or sign-in sheets of the event. Thank You.

Officer

Luukia Smith, Executive Director

Signature