



AFT College Staff Guild
Business Reimbursement Expense Form

Name:	Date:
Mail Check To:	
Location: ☐ ELAC; ☐ LACC; ☐ LAMC; ☐ LAPC; ☐ LASC ; ☐ LATTC; ☐ LAVC; ☐ WLAC; ☐ DISTRICT OFFICE	Category: ☐ Chapter ☐ Expense; ☐ Conference; ☐ ☐ Convention; ☐ Employee Expenses; ☐ Good & Welfare; ☐ Leadership Training; ☐ Meetings; ☐ Negotiations; ☐ ☐ Printing; ☐ Staff Equipment; ☐ Supplies; ☐ Other

Receipt #	Purpose of Expenditure	Amount

TOTAL: _____

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

By signing and submitting this document, you are agreeing that this form is true and accurate and adheres to the rules and regulations laid down by the Business Expense Reimbursement Policy and the Financial Control Policy.

Member Signature

Treasurer or designee:	President or designee:
Signature:	Signature: