

**Instructions for Reimbursement:**

**Attach Receipt(s) On This Side below this point**

- Do not overlap receipts or info
- Please use tape or staples
- Leave room at left to punch holes
- Use additional sheets if necessary

**Fill Out White Area to Right**

**Request must be submitted within 90 days of expense.**

**Submit form to Treasurer by noon, the Friday before the Executive Board meeting to receive reimbursement at the Board Meeting – if you wish your check to be mailed to you, please indicate in comments and provide your home address.**

**Submit to:**

**NTEU Chapter 282  
Attn: Carolyn McMillian  
PO Box 4424  
Silver Spring, MD 20194**

Space Reserved for Check Stub

Request Rcvd by Tres: \_\_\_\_\_

**Request Date:**

**Requested By:**

**Requested Amount:**

**For What:**

**Event & Date:**

**Authorization for Expense (Amount and Date):**

**Is Amount Requested Less than Amount Authorized?**  
\_\_\_Y \_\_\_N

**If not, why not?**

**Comments/Explanation:**

I hereby certify that these expenses were incurred in the performance of official NTEU duties.

Signature \_\_\_\_\_

Date \_\_\_\_\_