

# MEMBER REIMBURSEMENT

Meeting Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location: \_\_\_\_\_ Purpose: \_\_\_\_\_

## **Personal Information:**

Name: \_\_\_\_\_

Chapter: \_\_\_\_\_ SSN (Last 4 digit): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## **Number:**

Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

## **Expense Information:**

Working Time Lost: \_\_\_\_\_ Hours @ \_\_\_\_\_ \$ \_\_\_\_\_ Per Hour = \$ \_\_\_\_\_

\_\_\_\_\_ Miles @ \$.29 \_\_\_\_\_ Per Mile = \$ \_\_\_\_\_

Parking = \$ \_\_\_\_\_

Toll = \$ \_\_\_\_\_

Transportation = \$ \_\_\_\_\_

Other \_\_\_\_\_ = \$ \_\_\_\_\_

Total = \$ \_\_\_\_\_

## **CHECK ALL APPLICABLE AND SUBMIT THE FOLLOWING IN ORDER TO BE PAID:**

### **Checklist:**

- Salary Reimbursement  
*\*Attach Pay Stub showing unpaid day(s)\**
- Parking (Submit receipt)
- Toll (Submit receipt)
- Transportation (Submit receipt)

**Mail to:** SEIU Local 888  
52 Roland Street, Suite 101  
Charlestown, MA 02129

**Or Fax to:** (617) 241-5150

Your signature: \_\_\_\_\_

## **For Office Use Only**

Department: \_\_\_\_\_

## **Regional Representative: (If Applicable)**

Print: \_\_\_\_\_ Signature: \_\_\_\_\_

## **Executive Staff:**

Print: \_\_\_\_\_ Signature: \_\_\_\_\_

