



Local # 18
United Government Security Officers of America
UGSOA
EXPENSE REIMBURSEMENT



Members requesting reimbursement for expenses due to Union business must complete the top section and hand in to the Treasurer.

Name: _____

Date(s): _____

Items for reimbursement:

Item: _____ Amount: _____

Item: _____ Amount: _____

Item: _____ Amount: _____

Item: _____ Amount: _____

Item: _____ Amount: _____

Total reimbursement claimed: _____

Signature: _____

Treasurer must complete this section.

Total amount reimbursed: _____

Check number: _____

Date: _____

Signature(s): _____ & _____