**USP Local 1**

**Union Business Reimbursement**

NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Date** | **Activity** | **Number of Hours** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Total Hours\_\_\_\_\_\_\_\_\_\_**

**Pay Rate\_\_\_\_\_\_\_\_\_\_**

1. **Total time paid in hours\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Total Miles** | **Place/Purchases** | **Receipt Total** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Total Miles:\_\_\_\_\_\_\_ x.585=\_\_\_\_\_\_\_ Receipt Total:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Miles + Receipts Total:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Reimbursements 1+2=\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check Number:\_\_\_\_\_\_\_\_\_\_

Approved by:\_\_\_\_\_\_\_\_\_\_

Receipts Attached YES or NO