CSEA
Local 1000 AFSCME, AFL-CIO

143 Washington Avenue
Albany, New York 12210

DATE: _____

NAME (Print): _____

ADDRESS: _____

_____

*SIGNATURE:* _____

# EXPENSE VOUCHER

***For use by CSEA MEMBERS on official union business***

| DATE | DESTINATION | | TIME | | MILES | MEALS | OTHER | | CONTACT/PROJECT | NON-CHG |
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| | FROM | TO | DEPART | ARRIVE | | | $ | DESCRIPTION | | |
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2024 Mileage rate = $0.67

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|---|---|---|---|---|---|---|---|
| TOTAL MILES | 0 | | | | | GRAND TOTAL | |
| TOTAL $ | 0.00 | 0.00 | 0.00 | | | $ | 0.00 |

APPROVAL

REV 3/18