



595 W. Hartsdale Ave. Suite 105
White Plains, NY 10607

Check # _____
Date paid _____

Reimbursement Voucher

Name _____

Building _____

Address _____

City _____ State _____ Zip Code _____

Purpose of Trip/Business _____

****RECEIPTS MUST ACCOMPANY THIS FORM WHERE APPLICABLE**

Expense Item	Date / /	Date / /	Date / /	Date / /	Date / /	TOTAL EACH LINE
Hours						
Breakfast						
Lunch						
Dinner						
Hotel						
Public/Air Transportation						
Parking Tolls						
*Other-Please explain below						
TOTALS						

Please explain items marked with and asterisk _____

TRANSPORTATION (PERSONAL AUTOMOBILE)

From					
To					
Car Miles					

Total Automobile Transportation **Mileage Rate** = _____ cents

\$ _____
Total This Page \$ _____

I certify the above expenses were incurred for GTF Union business

Signature _____

Date _____

Approved by _____

Date _____