



Oregon School Employees Association

MEMBER EXPENSE CLAIM – Reimbursement Form

Month _____ Year _____

Name _____

Address _____

Signature _____

DATE	MILEAGE (to, from, purpose)	# of MILES

(Please note: OSEA will calculate and reimburse at current IRS rate.)

(Attach all receipts)

DATE	EXPENSES (who, what, where, why)*see back	AMOUNT

OFFICE USE ONLY	CHARGE TO: _____
APPROVED BY: _____	_____
DATE: _____	_____

Documentation required for claims:

WHO - You should identify who was involved in the meeting or activity in which the expenses were incurred. Specific names are necessary if those individuals are included in a meal that you paid for.

WHAT - This establishes the nature of the expense, for example breakfast, mileage, etc.

WHERE - Identify the location where the expense was incurred, such as chapter #, restaurant name, city, etc.

WHY - Identify the business purpose of the expense or the event at which the expense was incurred.