



MERCED/MARIPOSA TEACHERS UNISERV COUNCIL
3351 M Street Ste. 105 Merced, CA 95348

MEMBER EXPENSE STATEMENT

CONFERENCE/DATE/LOCATION: _____

PARTICIPANT NAME: _____ CHAPTER NAME: _____
Please Print

ADDRESS: _____
Street City Zip

EMAIL ADDRESS: _____ PHONE #: _____

DATE:	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	TOTALS
Conference Registration Fees								
Breakfast								
Lunch								
Dinner								
Lodging								
Shuttle								
Airfare								
Parking								
Portage								
Other								
Mileage								

**Mileage will be reimbursed at the current IRS business rate:* *Please calculate mileage in total dollar amount ^*

\$0.70/mile in 2025 **GRAND TOTAL:**

Member's Signature **Date**

Please indicate the name(s) of car pool passenger(s) below:

If you had a roommate for this conference, please write their name below:

Did someone other than yourself pay for any of the above expenses? Yes No
 If yes, please explain: _____

Additional Notes: _____

PLEASE ATTACH RECEIPTS FOR ALL EXPENSES
 SUBMIT EXPENSE STATEMENT AND RECEIPTS VIA FAX: 209-723-9598 or EMAIL: mmtuccta@mmtuc.org

Deadline for filing member expense reimbursement: All reimbursement statements must be filed within thirty (30) days of the end of the month in which they are incurred. UNCLEARED CHECK POLICY: If a reimbursement check is not cashed within 60 days of issuance, M/MTUC will place a stop payment and VOID the check. The payee will be responsible for any and all charges associated with this process. If you have any questions please call 209-723-8871.

APPROVALS (Office Use Only)
 Attendance Verified By: _____ Grand Total Verified: _____
 Date Approved: _____ Approved By: _____
 Entered into Account: _____ PAID: _____