



**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: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Street

EMAIL ADDRESS: \_\_\_\_\_ PHONE #: \_\_\_\_\_

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

\*Mileage is reimbursed at the current IRS business rate: \$0.67/mile Please calculate mileage in total dollar amount ^

**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 REGISTRATION, LODGING, TRANSPORTATION, ETC. RECEIPTS**  
**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: \_\_\_\_\_ Check #: \_\_\_\_\_