



YC-AFT

LOCAL 4952

Marysville • Woodland • Clearlake • Colusa • Sutter

EXPENSE REIMBURSEMENT REQUEST FORM

Full Name: _____ Date: _____

DESCRIPTION	AMOUNT
TOTAL	

ATTACH ALL DOCUMENTATION AND SUBMIT ALONG WITH THIS FORM.

BY SIGNING, I CERTIFY THAT THE ABOVE IS TRUE AND CORRECT.

Signature: _____ Date: _____

TREASURER USE ONLY

Check Number	
Issue Date	

Rev01102023SRS

Treasurer Signature: _____ Date: _____