

## Local SIF Reimbursements and Expenses

1. Lost wages will be reimbursed to the local unless otherwise arranged. Copies of checks paid by the Local, along with copies of lost-time and expense vouchers must be submitted along with the reimbursement request. **Do not send original receipts or checks!** The Local must keep these for auditing purposes. Copies are fine.
2. The request for reimbursement should come from an elected local officer with a cover memo and sent to the SIF coordinator for approval. Please indicate the dates of the lost-time or expenses in the memo as well as the full amount of the reimbursement.
3. If a part-time expense voucher must be used, please complete the area on the voucher for explanation of activities, as well as explanation of expenses. This is only for expenses, not wages.
4. Receipts must accompany all vouchers when meal expenses are allowed. Only actual expenses up to approved budget limits will be reimbursed.
5. Air travel plans should be submitted to DC and arranged through Metropolitan Travel long enough in advance to obtain the lowest fares, i.e., 7 days in advance.
6. Car rental should be avoided. If not possible, prior approval is necessary.
7. Personal car mileage will be reimbursed based on IRS Guidelines each January. Travel information must be completed on the Part-Time Voucher.

Attached is an example of a reimbursement request and template. It is your responsibility to ensure that all expenses are allowable and all reimbursements are complete.



### **3. Create cover sheet - (See Attachment #2)**

The cover sheet should be as follows:

- ✓ Memo or letter on the Local's letterhead containing the Local's name, address, phone, and fax number
- ✓ State which SIF the work was done for (ex. Telecom Heat Stress SIF)
- ✓ Date submitted
- ✓ Person submitting request
- ✓ List containing employee's name, wage, FICA (7.65%), and/or expenses.

### **4. Assemble packet as follows:**

- ✓ **Cover Sheet**
- ✓ **Employee packets (voucher, paycheck/pay stub, and/or copies of receipts)**

Attachment #1

## LOCAL EXPENSE VOUCHER COMMUNICATIONS WORKERS OF AMERICA

Local # \_\_\_\_\_

No. \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_

Social Security

Address \_\_\_\_\_ or Unemployment Tax # \_\_\_\_\_

Exemptions \_\_\_\_\_

For Use of Local  
Sec/Treas

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ITEMS	SUN	MON	TUES	WED	THURS	FRI	SAT	TOTAL
TRANSPORTATION								
HOTEL ROOM								
MEALS								
SALARY								
TEL. & TEL.								
MISCELLANEOUS								

Attach necessary receipts – Explain reason for expense – Use reverse side of form, if necessary: \_\_\_\_\_

This is to certify that amounts shown on this statement were incurred by me on behalf of C.W.A.

Signature \_\_\_\_\_ Signature \_\_\_\_\_ Paid by Check No. \_\_\_\_\_  
 Expense Incurred By Approved By

**Attachment #2**

**Communications  
Workers of America  
Local 0000  
AFL-CIO, CLC**

1234 Union Avenue  
Anywhere, WA 21000  
303-555-5555-Phone  
303-555-5555-Fax

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TO: CWA District 6 Office  
FROM: Sue Jones, Secretary/Treasurer  
DATE: June 8, 2004  
RE: Local 0000 Request for Reimbursement- Heat Stress SIF

Attached is a reimbursement request from Local 0000. I have checked the backup documentation and it is in order.

Please reimburse the following:

Employee's Name	Local's Check Number	Employee's Wages	Reimbursement for Withholdings	Expenses	Total
Joe Smith	9196	500.00	38.25	91.24	629.49
Scott Jones	9197	275.00	21.03	54.00	350.03
Cindy Montoya	9198	325.00	24.86	15.58	365.44
Albert Turner	9199	125.00	9.56		134.56
TOTAL					1479.52

Please let me know if you need more information to process this request.

opeiu5/afl-cio

lr opeiu5 afl-cio