



**UAW Local 2865**  
 2030 Addison Street, Suite 640A  
 Berkeley, CA 94704

Reference #: \_\_\_\_\_

**Reimbursement Request Form**

Make Check Payable to: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Check Requested by: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Signature of Requestor: \_\_\_\_\_ Date of Request: \_\_\_\_\_

This reimbursement was: (please circle one)

- A. A committee or campus expense. Committee/campus name: \_\_\_\_\_
- B. Authorized by a statewide body (Eboard, JC, or Statewide Membership) as a statewide expense.
- C. Is a routine expense provided for in the bylaws (like travel to JC meetings).

*UAW Local 2865 will only provide reimbursement for those items that have been budgeted or approved. Committee and Campus budgets need proof of approval from those bodies, if within budget, or from a statewide body, if unbudgeted. If you have any questions, please contact the President, Financial Secretary, or accountant. Please return this form to the statewide office. Signed electronic copies may be emailed, with all support material, to accountant@uaw2865.org.*

*List reimbursement requests below. Attach original receipts, taped to a sheet of copy paper.*

Description of Items for Reimbursement (please list receipts separately)	Amount
	\$
	\$
	\$
	\$
	\$
	\$
	\$
<b>Total</b>	<b>\$</b>

Dates of Trip/Expenses: \_\_\_\_\_  
 Purpose of Trip/Expenses: \_\_\_\_\_

*For Administration Use Only*

Account Code	Amount
	\$
	\$
	\$
	\$
<b>Total</b>	<b>\$</b>

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_