



15205 52nd Ave South | Seattle, WA 98188 | (206) 433.0991 | (800) 325.0811 | FAX (206) 248.3990

# Council Rep Expense Report Form

(monthly allowance for Area Rep meetings)

Name \_\_\_\_\_ Employee No. \_\_\_\_\_ Council District \_\_\_\_\_

W. Phone ( ) \_\_\_\_\_ H. Phone ( ) \_\_\_\_\_

Home (Mailing) Address: \_\_\_\_\_

\_\_\_\_\_

Amount to be reimbursed to Council Rep \$ \_\_\_\_\_ (\$15 max per Area Rep and Council Rep)

***[Please attach all original receipt(s)]***

Month: \_\_\_\_\_ Year: \_\_\_\_\_

Attendance:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Signed \_\_\_\_\_

Date \_\_\_\_\_

***Please submit to SPEEA Headquarters within 3 months (required for reimbursement).***

Requirements: Include detailed receipts; include attendance roster; maximum \$15 per Area Rep & yourself

