



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 \$ _____ (*\$8 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 Original Receipts | Include Attendance Roster | Maximum \$8 per Area Rep per quarter (plus yourself!)