



Unifor Local 52A Money Reimbursement Form

Member name: _____

Work location: _____

- 1) Fill out form and attach receipts.
- 2) **DO NOT** highlight or write on receipts.
- 3) There can be **NO** personal items on the receipt.

Vendor Name:	Budget line to be taken from:	Total \$ Amount

Total reimbursement: \$ _____

Reimbursement authorized by:

Date:

(treasurer's signature)
