



ISTAC EXPENSE REIMBURSEMENT FORM

This form must be submitted by April 16, 2022

DATE AND LOCATION OF MEETING: **March 14-16, 2022**
New Orleans Marriott
New Orleans, Louisiana

LOCAL UNION NUMBER: _____

MEMBER'S NAME: _____

WEEKLY WAGE RATE: * \$ _____
OUT-OF-TOWN EXPENSE: \$ _____
DAY OF RETURN: \$ _____
GAS & OIL: \$ _____
HOTEL: \$ _____
AIR FARE: ** \$ _____
CAB FARE: \$ _____
PARKING & TOLLS: \$ _____
OTHER: \$ _____

TOTAL: \$ _____

**REIMBURSEMENT REQUEST MUST
BE SUBMITTED WITHIN 30 DAYS
AFTER THE MEETING
PLEASE MAIL TO:
Bill Peterson – Coordinator
8000 E. Jefferson Avenue
Detroit, MI 48214**

FINANCIAL SECRETARY'S SIGNATURE: _____

FINANCIAL SECRETARY'S NAME AND LOCAL UNION ADDRESS:

LOCAL UNION TELEPHONE NUMBER: () _____

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* Including 7-day week, if applicable
** Air fare will only be reimbursed if it is the same or lower than rates quoted by:
TSI (formerly Travel Focus): (866) 397-0667

YOU MUST SUBMIT ORIGINAL RECEIPTS -- NO COPIES!