Local SIF Reimbursements and Expenses

1. Lost wages will be reimbursed to the local unless otherwise arranged. Copies of checks paid by the Local, along with copies of lost-time and expense vouchers must be submitted along with the reimbursement request. **Do not send original receipts or checks!** The Local must keep these for auditing purposes. Copies are fine.

2. The request for reimbursement should come from an elected local officer with a cover memo and sent to the SIF coordinator for approval. Please indicate the dates of the lost-time or expenses in the memo as well as the full amount of the reimbursement.

3. If a part-time expense voucher must be used, please complete the area on the voucher for explanation of activities, as well as explanation of expenses. This is only for expenses, not wages.

4. Receipts must accompany all vouchers when meal expenses are allowed. Only actual expenses up to approved budget limits will be reimbursed.

5. Air travel plans should be submitted to DC and arranged through Metropolitan Travel long enough in advance to obtain the lowest fairs, i.e., 7 days in advance.

6. Car rental should be avoided. If not possible, prior approval is necessary.

7. Personal car mileage will be reimbursed based on IRS Guidelines each January. Travel information must be completed on the Part-Time Voucher.

Attached is an example of a reimbursement request and template. It is your responsibility to ensure that all expenses are allowable and all reimbursements are complete.
Instructions For Calculating and Submitting Reimbursement Requests or to Account for Funds

To prepare a request for reimbursement or to account for funds that have been used to a local to use for mobilizing, you will need to compile the documents as instructed below, calculate wages and expenses for vouchers, create a cover sheet, and assemble for submission to the District Office.

All locals should submit required documentation every 30 days to the district office.

** Important: All requests must be within the confines of the approved budget, or they will be denied***

1. Compile documents to be submitted (in the following order)

   A. Requests regarding employees:
      ✓ Employee’s completed voucher (please include exact dates on each column that wages or expenses were incurred and all other necessary information).
      (See Attachment #1)
      ✓ Copy of Employee’s paycheck, pay stub, and/or any other required documents
      ✓ Legible copies of receipts – Prefer that receipts be glued or taped to full sheet of paper (multiple receipts can be put on a sheet of paper).

2. Calculate wages and expenses for employee’s vouchers – (Note: Some budgets are for wages only, no expenses)

   To calculate wages, FICA and expenses for vouchers, first multiply the wages (before deductions) times 7.65%, add this amount to the total wages, then add the entire amount of expenses being reimbursed to the employee.

   Example:

   Joe Smith had $500.00 in lost wages, $35.00 in meal reimbursements, and $56.24 in mileage.

   Step 1)  
   500.00  
   x .0765 
   38.25

   Step 2)  
   500.00 
   + 38.25 <~~~(Total of wages x 7.65%) 
   538.25

   Step 3)  
   538.25 
   +91.24 <~~~(Expenses: 35.00 meals + 56.24 mileage = 91.24) 
   629.49 <~~~~~~(Amount to be requested for reimbursement to the local for Joe Smith)
3. **Create cover sheet - (See Attachment #2)**
   The cover sheet should be as follows:
   - Memo or letter on the Local’s letterhead containing the Local’s name, address, phone, and fax number
   - State which SIF the work was done for (ex. Telecom Heat Stress SIF)
   - Date submitted
   - Person submitting request
   - List containing employee’s name, wage, FICA (7.65%), and/or expenses.

4. **Assemble packet as follows:**
   - Cover Sheet
   - Employee packets (voucher, paycheck/pay stub, and/or copies of receipts)
LOCAL EXPENSE VOUCHER
COMMUNICATIONS WORKERS OF AMERICA

Local # ____________                       No.__________

Name____________________________________________ Date ___________________________

Social Security
Address ________________________________________ or Unemployment Tax #____________
Exemptions _____________________

<table>
<thead>
<tr>
<th>ITEMS</th>
<th>SUN</th>
<th>MON</th>
<th>TUES</th>
<th>WED</th>
<th>THURS</th>
<th>FRI</th>
<th>SAT</th>
<th>TOTAL</th>
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<tr>
<td>TRANSPORTATION</td>
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<td></td>
<td></td>
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<tr>
<td>HOTEL ROOM</td>
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</tr>
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</tbody>
</table>

Attach necessary receipts – Explain reason for expense – Use reverse side of form, if necessary: ______________________

This is to certify that amounts shown on this statement were incurred by me on behalf of C.W.A.

______________________________
Signature

______________________________
Expenses Incurred By

______________________________
Approved By

Paid by Check No. __________________

For Use of Local Sec/Treas

Attachment #1
TO: CWA District 6 Office
FROM: Sue Jones, Secretary/Treasurer
DATE: June 8, 2004
RE: Local 0000 Request for Reimbursement- Heat Stress SIF

Attached is a reimbursement request from Local 0000. I have checked the backup documentation and it is in order.

Please reimburse the following:

<table>
<thead>
<tr>
<th>Employee’s Name</th>
<th>Local’s Check Number</th>
<th>Employee’s Wages</th>
<th>Reimbursement for Withholdings</th>
<th>Expenses</th>
<th>Total</th>
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</thead>
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<tr>
<td>Joe Smith</td>
<td>9196</td>
<td>500.00</td>
<td>38.25</td>
<td>91.24</td>
<td>629.49</td>
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<tr>
<td>Scott Jones</td>
<td>9197</td>
<td>275.00</td>
<td>21.03</td>
<td>54.00</td>
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<td>Cindy Montoya</td>
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<td>325.00</td>
<td>24.86</td>
<td>15.58</td>
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<tr>
<td>Albert Turner</td>
<td>9199</td>
<td>125.00</td>
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<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1479.52</td>
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</tbody>
</table>

Please let me know if you need more information to process this request.

opeiu5/afl-cio