Local SIF Reimbursements and Expenses

- 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.
- 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 <u>completed</u> 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
 - ✓ <u>Legible</u> 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.

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)

Attachment #1

LOCAL EXPENSE VOUCHER COMMUNICATIONS WORKERS OF AMERICA

Local #	-							No	D			
Name		For Use of Local Sec/Treas										
Address					or Unem	ploymer	nt Tax #					
	Exemptions											
ITEMS	SUN	MON	TUES	WED	THURS	FRI	SAT	TOTAL				
TRANSPORTATION												
HOTEL ROOM												
MEALS												
SALARY												
TEL. & TEL.												
MISCELLANEOUS												
Attach necessary receip	ots – Explai	n reason for e	expense – Us	e reverse sid	de of form, if n	ecessary:						
This is to certify that am	ounts show	n on this stat	ement were i	ncurred by m	ne on behalf o	f C.W.A.						
Signature	irred By		Signatu	ure	d By			Paid by Check No)			

Attachment #2

Communications Workers of America Local 0000 AFL-CIO, CLC

1234 Union Avenue Anywhere, WA 21000 303-555-5555-Phone 303-555-5555-Fax

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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:

	Local's		Reimbursement		
	Check	Employee's	for		
Employee's Name	Number	Wages	Withholdings	Expenses	Total
Joe Smith	9196	500.00	38.25	91.24	629.49
Scott Jones	9197	275.00	21.03	54.00	350.03
Cindy Montoya	9198	325.00	24.86	15.58	365.44
Albert Turner	9199	125.00	9.56		134.56
TOTAL					1479.52

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

opeiu5/afl-cio