UNITED STAFF UNION
ATTN: USU TREASURER
C/O WEAC
P.O. BOX 8003
MADISON, WI 53708-8003

PAY TO:

_____ Date: _____
Name

_____
Street

_____ Function: _____
City State Zip

Date/Invoice #	Itemized Statement (Attach hotel bills, receipts from Airlines, etc.)	Charge To	Amount
	2010 Mileage Rate: $0.50/mile		

TOTAL $_____

Approved By:

For office use only:

CK# _____

_____ DATE _____