Expense Reimbursement Form

Monson Educators' Association, Inc. *P.O. Box 486 Monson, MA 01057*

MTA Annual Meeting

Member Name:	
MTA Number:	
MEA Unit:	

Expense Period
From:_____ To: _____ Sign-Up Start Date: _____

Purpose and/or Request Reasoning (explain how this will support the union):

Reimbursement amount will not exceed $200 per delegate. Reimbursements will not exceed the necessary spending after all money saving options have been exhausted. Reimbursement will be distributed as a lump sum.

To receive reimbursement, all delegates must be elected by the MEA Membership (per Association bylaws) and reported to the MTA by the MEA President. Unelected members may not receive a reimbursement and may not attend the MTA Annual Meeting.

All delegates must submit this reimbursement form for monies approval.

_____

MEA Member Signature *Date*

Approved by:

_____

MEA Treasurer Signature *Date*

_____

MEA President Signature *Date*

Reimbursement amounts will be re-evaluated and adjusted as needed at the start of each fiscal year according to Association fiscal budgets