2015 CME/CEU REIMBURSEMENT EXPENSE REPORT - FOR UNAC/UHCP EDUCATION FUND (SCAL ONLY)

MEDICAL CARE PROGRAM CALIFORNIA DIVISION - SOUTH Refer to						Attach receipts as required. : http://kpnet.kp.org:81/ecom/teo/index.html for further information.					TOTAL PAGES
EMPLOYEE NAME (PRINT)						.019.01/00011/1	9,11,40,111,111		MONTH OF	1	
EMPLOYEE NO.	DEPARTMENT NAME				LOCATION ADDRESS				TIE/EXT NO.		
		EXPLANAT	IONS	8306	8300	8301	8304	8307	8308	8308	8763
DATE	Parking Other	eage, Airfare, Lodging, Business Meals, expenses, explain reason and destination additional Detailed Explanations" area on page two if necessary.		AUTO MILEAGE	AIRFARE	LODGING	BUSINESS MEALS	AUTO RENTAL	PARKING AIRPORT/ TRAVEL	OTHER TRAVEL EXPENSES	OTHER EXPENSES
					1						
					1						
SUB-TOTALS AUTO MILEAGE 0 .575 PER MILE											
					TOTAL REIMBURSABLE EXPENSE						
					TOTAL AMOUNT DUE EMPLOYEE (Max = \$500.00)						
					SIGNATURE OF EMPLOYEE					DATE	

SEND COMPLETED EXPENSE REPORT TO LABOR RELATIONS <u>WITH ALL OTHER REQUIRED FORMS AND RECEIPTS</u>. A SEPARATE EXPENSE REPORT IS NEEDED FOR EACH MONTH'S EXPENSES. PLEASE RETAIN A COPY FOR YOUR FILES.

Joint Labor/Management Education Committee, Labor Relations Dept, 6th floor, 393 E. Walnut, Pasadena, CA 91188