

AFT-Wisconsin

AFT W Retiree Council Executive Board EXPENSE REIMBURSEMENT FORM as of 01/01/2026

Name: Mike Lussenden
 Address: 108 kensington Lane
 City, State, Zip: Waunakee, WI 53597
 Home Phone: (608) 279-4612
 Work Phone: _____

Activity/Event(s): AFTW Retiree Board
 AFT-W Board Member (list elected position): _____
 AFT-W Committee Member (list committee): _____
 Local Name and #: 8047R

NOTE: Receipts should be attached for all expenses. Please refer to expense form guidelines.

Date	Destination/Description of Expenses	Travel			Meals			Lodging	Other Expenses	Daily Total
		Miles	Rate	\$ Amount	Breakfast	Lunch	Supper			
8/7/26	Printing - Quarter 3 Newsletter		0.544	\$0.00					\$27.01	\$27.01
8/8/26	Stamps - AFTW Retirees		0.544	\$0.00					\$78.00	\$78.00
8/14/26	WIARA Social Security Demonstration - Eau Claire, WI	148	0.544	\$80.51						\$80.51
8/16/26	Eau Claire, WI to Superior, WI for annual audit	150	0.544	\$81.60						\$81.60
8/16/26	Superior to home	298	0.544	\$162.11						\$162.11
	TOTALS	596		\$324.22	\$0.00	\$0.00	#REF!	\$0.00	\$105.01	
							AMOUNT DUE			\$429.23

Justification of other expenses: These are related to AFTW Board expenses (communication and travel expenses)

Signature: _____

NOTE: Expenses should be submitted within sixty (60) days of occurrence. This will ensure proper payment according to AFT-W policies and procedures.

This area for office use		
Check # _____	Issued by _____	Date _____

Instructions to sender: Print, sign, and email this form to Ruth Ludwig at Ludwig.Ruth.M@outlook.com