

msea member reimbursement

check one:

- Contract Mediation
- MSEA Training/Workshop
- MSEA Committee
- Spring Regional Meeting
- August Rally
- Other (please specify) _____

mail: 190 E 5th St, Suite 750
 St Paul MN 55101
 fax: 651.297.6814
 fax toll free: 888.329.6732

ISD _____ Name _____

Address _____

City/Zip _____

wages

- OPTION 1: **Member** will request their district payroll office to pay their normal wages and submit a bill to MSEA. If choosing Option 1, DO NOT fill out wage.
- OPTION 2: To receive wage reimbursements from MSEA, you must complete the following information. Wages must be run through MSEA's payroll.

_____	_____	_____
DATE OF BIRTH	MARITAL STATUS & # OF DEDUCTIONS	SOCIAL SECURITY NUMBER
_____	X _____	= _____
# OF HOURS	HOURLY RATE	TOTAL WAGES

mileage, etc

Carpooling is strongly encouraged and reimbursed at the current IRS rate.

# OF MILES _____	X \$0.555 per mile	=	_____
MEALS (NOT TO EXCEED \$25 PER DAY)		=	_____
MISC _____		=	_____
	TOTAL	=	_____

NOTE: All event sessions should be attended or reimbursement may be denied due to excessive absence. If reimbursement is denied, the MSEA Treasurer, or a designee, will write a letter stating the basis for the denial and advising the person(s) that he or she may submit, in writing, reasons why the reimbursement should be allowed. This letter must be sent 45 days after the receipt of the denial letter from MSEA. The MSEA Executive Director and Board will then reconsider the denial at the next scheduled Board meeting.

Signature _____ Date _____