

MSEA MEMBER REIMBURSEMENT

**190 E 5th St, Suite 750
St Paul MN 55101**

**Fax: 651.297.6814
Fax toll free: 888.329.6732**

Unit _____

Name _____

Address _____

City/Zip _____

For: _____ Mediation of Unit Contract _____ Board of Directors Committee
 _____ MSEA Training/Workshop _____ Spring Regional Meeting
 _____ Other (Please name) _____

NOTE: Wage reimbursements now run through MSEA's payroll. You must fill in your birthdate, SS#, marital status and # of deductions to receive lost wages.

DO NOT SUBMIT FOR LOST WAGES IF YOUR SCHOOL DISTRICT IS REIMBURSING YOU FOR THOSE EXPENSES.

Date of Birth _____ Marital Status & # of deductions _____

Security Number _____

LOST WAGES:	_____ X _____	=	_____
	(# of Hours)		TOTAL WAGES

MILEAGE: _____ # of Miles(roundtrip) x **\$0.585** Per Mile = _____

(If applicable) MEALS: Not to Exceed \$25 per Day = _____

HOTEL: _____ # of Nights at _____ Per Night = _____

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 Submitted _____