

**SAILORS UNION OF THE PACIFIC WELFARE PLAN  
ANDREW FURUSETH SCHOOL OF SEAMANSHIP**  
450 HARRISON STREET, SAN FRANCISCO, CA 94105  
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EMAIL: PLANOFFICE@SAILORS.ORG

**TRAINEE EXPENSE VOUCHER**

THIS VOUCHER IS FOR EXPENSES IN CONNECTION WITH ATTENDANCE AT THE FOLLOWING COURSE OF TRAINING. REIMBURSEMENT WILL ONLY BE MADE FOR SUCCESSFULLY COMPLETED COURSES.

\_\_\_\_\_  
Name of Course

\_\_\_\_\_  
Location

\_\_\_\_\_  
Dates

**TRANSPORTATION** (Reimbursed only if the course location is more than 1 00 miles from your residence subject to oversight of instructor):

- AIRFARE (From airport nearest to residence. Reimbursement based on a 21 -day advance purchase, coach fare. Attach copy of Ticket and Credit Card Receipt or Canceled Check) ..... \$ \_\_\_\_\_
- VAN OR SHUTTLE (Attach Receipts) ..... \$ \_\_\_\_\_

**HOTEL:**

- HOTEL EXPENSE (Attach Copy of Bill and Credit Card Receipt or Canceled Check) ..... \$ \_\_\_\_\_

**TUITION:**

- TUITION (Attach Receipt and Credit Card Receipt or Canceled Check)..... \$ \_\_\_\_\_

**MEALS** (Maximum of \$34.00 Per Day):

- MEALS (Attach Receipts and Credit Card Receipts or Canceled Checks) ..... \$ \_\_\_\_\_

**TOTAL EXPENSES WHICH I INCURRED AND FOR WHICH I REQUEST REIMBURSEMENT:** ..... \$ \_\_\_\_\_

**CERTIFICATE OF COURSE COMPLETION ATTACHED (REQUIRED FOR REIMBURSEMENT)**

I HEREBY CERTIFY THAT THE EXPENSES DETAILED ON THIS VOUCHER ARE THE PROPER AND ACTUAL EXPENSES WHICH I INCURRED IN CONNECTION WITH THE ACTIVITY NOTED ABOVE.

DATED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
ADDRESS AND CITY

APPROXIMATE NUMBER OF MILES  
FROM RESIDENCE TO CLASS LOCATION: \_\_\_\_\_

**NOTE TO PARTICIPANT:** This voucher is for expenses personally incurred by you. If you travel with a family member or other person not connected with the Training Fund, the expenses of such person are not reimbursable. If such expenses are included on any of the attached bills or receipts, you should note the necessary adjustments on the bill or receipt. Meals should not be listed if they are otherwise included on hotel bills. If any expense item requires an explanation, mark the item with an asterisk and write the explanation on the reverse side of this voucher. Reimbursement of expenses claimed on this voucher is subject to the expense policy set forth in the Training Benefit Guidelines, a copy of which as previously been provided to you.

**PLAN APPROVAL ON REVERSE SIDE**

PLAN APPROVAL

AMOUNT OF EXPENSES APPROVED .....\$ \_\_\_\_\_

AMOUNT OF EXPENSES DENIED .....\$ \_\_\_\_\_

STATE REASONS FOR ANY DENIAL OF EXPENSES:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 120 \_\_\_\_\_

AGENT OF PLAN:

\_\_\_\_\_  
SIGNATURE