

**UA LOCAL 290 TRAINING CENTER**  
**Instructor Expense Voucher-Attendance Report**

*Time sheets are due each Monday by 4:30pm to be paid on Friday*

Name of Instructor: \_\_\_\_\_

Course Title: \_\_\_\_\_

Location: \_\_\_\_\_

Travel miles: \_\_\_\_\_ Miles @ **\$ .56/Mile (2021 IRS RATE)**

Travel time—**BOTH WAYS** \_\_\_\_\_ Hours

Dates:												
Class Hours:												

**MISCELLANEOUS EXPENSES:**

**INSTRUCTOR ONLY**

(Please attach receipts.)

DATE	DESCRIPTION	AMOUNT
	TOTAL	

I hereby certify the expenses and class hours detailed on this voucher are the proper and actual expenses I incurred in connection with teaching the above class.

Signature \_\_\_\_\_ Date: \_\_\_\_\_