

IAMAW LOCAL LODGE 1886 EXPENSE REPORT

Name _____

Date _____

Address _____

Employee Number _____

City, St, Zip _____

Phone _____

EXPENSES RELATED TO:

Per Diem

Day	Date	Depart From	Arrive At	Explanation	Amount	Office Use
Sun						
Mon						
Tue						
Wed						
Thu						
Fri						
Sat						

Hotel Expenses (Attach Receipts)

Dates			Location	Explanation	Amount	Office Use
From	To					

Transportation (Attach Receipts)

Dates		Mode	Auto Miles	Explanation	Amount	Office Use
From	To					

Extraordinary Expenses (Attach Receipts)

Date	Explanation	Amount	Office Use

Total

\$ -

Total Expense Report

\$ -

For office use only

Total Expenses	
Less Advance	
Amount Due to Member	
Paid by Check #	
Amount Due to Local	
Receipt #	

Signature _____

(Required)

Social Security # _____

(Required)

Approved _____

(Required)