Airline Machinists Local Lodge 914 I.A.M.A.W. EXPENSE REPORT

Please Print

Name _____ Week Ending _____

Address _____ Social Sec. # ___ - ___ - ____

_____ Phone # ( ) - Ext

PER DIEM

DAY	DATE	FROM	DEP.	TO	ARR.	EXPLANATION	AMOUNT	OFFICE USE
Sun.								
Mon.								
Tue.								
Wed.								
Thurs.								
Fri.								
Sat.								
						TOTAL		

HOTEL EXPENSES

DATES FROM	DATES TO	LOCATION	EXPLANATION *(ATTACH RECEIPTS)*	AMOUNT	OFFICE USE
			TOTAL		

TRANSPORTATION

DATE	FROM	TO	MODE	AUTO MILES	EXPLANATION *(ATTACH RECEIPTS)*	AMOUNT	OFFICE USE
					TOTAL		

EXTRAORDINARY EXPENSE AND TELEPHONE

DATE	EXPLANATION *(ATTACH RECEIPTS)*	AMOUNT	OFFICE USE
	TOTAL		

TOTAL EXPENSE REPORT

Payee Signature _____

Authorized _____

Approved _____

PAID BY CHECK #	
DATE OF CHECK	
AMOUNT OF CHECK	