



IAM&AW Lodge 1202



OFFICER, COMMITTEE OR DELEGATE SALARY, EXPENSE AND LOST TIME STATEMENT

NAME _____ POSITION _____ DATE _____
PLEASE PRINT PLEASE PRINT PLEASE PRINT

I HEREBY ASK FOR REIMBURSEMENT OF EXPENSES OR
LOST TIME I HAVE INCURRED WHILE PERFORMING THIS UNION ACTIVITY : _____
EXPLAIN IN DETAIL

CONTINUE EXPLANATION ON THIS LINE IF NECESSARY

DATE LEFT	FROM	TO	ARRIVAL DATE	MILES	AIR FARE

IF YOU FLY YOU MUST ATTACH ORIGINAL BILLS AND YOUR PORTION OF ALL BOARDING PASSES

PER DIEM:

DATE(S) _____ NUMBER OF DAYS _____ @ \$ _____ = \$ _____

INCIDENTAL OR MONTHLY EXPENSES:

DATE(S) _____ Reason: _____ AMOUNT \$ _____

MONTH(S) SALARY _____ Position: _____ AMOUNT \$ _____

LODGING: DATE(S) _____ AMOUNT \$ _____

YOU MUST ATTACH THE ORIGINAL HOTEL BILL

LOST TIME:

DATE(S) _____ HOURLY RATE \$ _____ X NO. HOURS LOST _____ = \$ _____

DATE(S) _____ HOURLY RATE \$ _____ X NO. HOURS LOST _____ = \$ _____

MISCELLANEOUS REIMBURSED EXPENSES:

DATE	REASON	AMOUNT

YOU MUST ATTACH RECEIPTS FOR ALL EXPENSES

TOTAL _____

I HEREBY CERTIFY THAT I HAVE INCURRED THE EXPENSES AND/OR LOST TIME LISTED HEREIN IN THE PERFORMANCE OF OFFICIAL UNION BUSINESS FOR IAM&AW LODGE 1202

TRUSTEE _____ SIGNATURE _____ SS # _____

STREET ADDRESS (if new or changed) _____

CITY, STATE, ZIP (if new or changed) _____

EMAIL ADDRESS _____

BELOW IS FOR SECRETARY TREASURER USE:

DATE PAID _____ MILES _____ @ _____ CENTS PER MILE = _____

TAXABLE AMOUNT _____ DEDUCTIONS _____ NET AMOUNT _____

TOTAL NONTAXABLE _____

CHECK NUMBER _____

AMOUNT OF CHECK _____