

# Airline Machinists District Lodge 141 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.								
<b>TOTAL</b>								

## HOTEL EXPENSES

DATES		LOCATION	EXPLANATION (ATTACH RECEIPTS)	AMOUNT	OFFICE USE
FROM	TO				
<b>TOTAL</b>					

## TRANSPORTATION

DATE	FROM	TO	MODE	AUTO MILES	EXPLANATION (ATTACH RECEIPTS)	AMOUNT	OFFICE USE
<b>TOTAL</b>							

## EXTRAORDINARY EXPENSE AND TELEPHONE

DATE	EXPLANATION (ATTACH RECEIPTS)	AMOUNT	OFFICE USE
<b>TOTAL</b>			

## TOTAL EXPENSE REPORT

Payee Signature _____ Authorized _____ Approved _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">PAID BY CHECK #</td><td></td></tr> <tr><td style="text-align: center;">DATE OF CHECK</td><td></td></tr> <tr><td style="text-align: center;">AMOUNT OF CHECK</td><td></td></tr> </table>	PAID BY CHECK #		DATE OF CHECK		AMOUNT OF CHECK	
PAID BY CHECK #							
DATE OF CHECK							
AMOUNT OF CHECK							