Airline Machinists District Lodge 141 I.A.M.A.W.
EXPENSE REPORT

Please Print

Name _____ Week Ending (Saturday) _____

Address _____ Email _____

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