IAM/AW SKY HARBOR LODGE 2559
EXPENSE REPORT VOUCHER
MAIL TO: 2727 W. BASELINE RD., STE. 16, TEMPE, AZ, 85283. NO FACSIMILES ACCEPTED

NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

EXPENSE (attach receipts)

_____ $_____

_____ $_____

PER DIEM, LODGING, AND MILEAGE*

DATES:_____ FUNCTION ATTENDED: _____

PER DIEM: NUMBER OF DAYS_____ $_____

LODGING: NUMBER OF DAYS_____ $_____

MILEAGE: NUMBER OF MILES_____ $_____

LOST TIME

DATES:_____ FUNCTION ATTENDED: _____

TOTAL HOURS_____ @ $_____ . ____ PER HOUR=

TOTAL EARNINGS $_____

NET PAY $_____

TOTAL EXPENSES $_____

MEMBER SIGNATURE: _____

PAYMENT AUTHORIZATION:_____ _____
RECORDING SECRETARY   PRESIDENT

Approved by membership on

*The member understands that any per-diem payment taken and not subsequently earned will be reimbursed to the Union by the member as soon as possible, but not later than fourteen days following the conclusion of the aforementioned business.