

IAM-AW SKY HARBOR LODGE 2559
EXPENSE REPORT VOUCHER

MAIL TO: 2727 W. Baseline Rd., Suite 16, Tempe, AZ 85283-1068 * NO FACSIMILES *

NAME: _____

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

EXPENSE AND DESCRIPTION (RECEIPTS ARE REQUIRED)

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

PER DIEM, LODGING, AND MILEAGE*

DATES: _____ FUNCTION ATTENDED: _____

PER DIEM: NUMBER OF DAYS _____ @ \$ _____ / DAY \$ _____

LODGING: NUMBER OF DAYS _____ @ \$ _____ / DAY \$ _____

MILEAGE: NUMBER OF MILES _____ @ \$ _____ / MILE \$ _____

TOTAL EXPENSES \$ _____

MEMBER SIGNATURE: _____

PAYMENT AUTHORIZATION: _____
RECORDING SECRETARY PRESIDENT

Approved by the membership:

*The member understands that any per diem payment taken, and not subsequently earned, must be returned to the Local Lodge, by the member, as soon as possible, but not later than fourteen (14) days following the conclusion of the aforementioned business.