

AQUIDNECK LODGE LOCAL 587
INTERNATIONAL ASSOCIATION
OF MACHINISTS AND
AEROSPACE WORKERS
EXPENSE REPORT



Lodging:

_____ days @ _____ per day equals = \$ _____

Airline:

Travel:

FROM City _____ State _____

TO City _____ State _____ and Return

The original "Customer Receipt" of the ticket must be included for reimbursement \$ _____

Automobile:

FROM City _____ State _____

TO City _____ State _____

and / or RETURN _____ miles @ _____ per mile = \$ _____

Per Diem:

Full Per Diem - Give Dates _____

Per Diem: _____ Days @ _____ per day equals = \$ _____

OFFICE USE ONLY

TOTAL EARNINGS: (Taxable portion of Travel and Per Diem) \$ _____

Soc. Security Tax W/H \$ _____

Medicare W/H \$ _____

Fed. Inc. Tax W/H \$ _____

State Inc. Tax W/H \$ _____

Local Inc. Tax W/H \$ _____

Other Amts. W/H \$ _____

TOTAL DEDUCTIONS \$ _____

CHECK NUMBER: _____

NET AMOUNT PAID \$ _____

DATE PAID _____

I hereby certify that the above expenses are due in performance of Official Business for this Lodge

 Approved By President

 Signature