



INTERNATIONAL ASSOCIATION of MACHINISTS and AEROSPACE WORKERS

LOCAL LODGE 2508 • P.O. BOX 622075 • ORLANDO, FLORIDA 32862

Expense Report

| | | | |
|-------------------------|------|--|-----------------|
| Name | | | Date |
| Address | | | Expense |
| City, State Zip | | | Phone # |
| PER DIEM RATE | DATE | CITY | AMOUNT/RECEIPTS |
| | | | |
| | | | |
| | | | |
| EXPENSES | DATE | DETAILS | AMOUNT |
| Transportation | | <input type="checkbox"/> Air <input type="checkbox"/> Taxi <input type="checkbox"/> Rental car <input type="checkbox"/> <input type="checkbox"/> | \$ |
| | | <input type="checkbox"/> Air <input type="checkbox"/> Taxi <input type="checkbox"/> Rental car <input type="checkbox"/> <input type="checkbox"/> | \$ |
| | | <input type="checkbox"/> Air <input type="checkbox"/> Taxi <input type="checkbox"/> Rental car <input type="checkbox"/> <input type="checkbox"/> | \$ |
| | | <input type="checkbox"/> Air <input type="checkbox"/> Taxi <input type="checkbox"/> Rental car <input type="checkbox"/> <input type="checkbox"/> | \$ |
| Own car | | Mileage @0.51/MILE (IRS RATE) | \$ |
| Lodging | | Location | \$ |
| | | Location | \$ |
| | | Location | \$ |
| Conference fees | | Purpose | \$ |
| | | Purpose | \$ |
| Other | | Purpose | \$ |
| | | Purpose | \$ |
| | | Purpose | \$ |
| Subtotal | | | \$ |
| Less Any Advance Amount | | | \$ |
| Total Amount Due | | | \$ |
| Signature | | | Date |

(INFORMATION BELOW FOR OFFICE USE ONLY)

| | |
|---------------|----------------|
| VOUCHER # | TOTAL AMOUNT: |
| CHECK # | DATE OF CHECK: |
| S/T SIGNATURE | DATE: |
| TRUSTEE #1 | DATE: |
| TRUSTEE #2 | DATE: |
| TRUSTEE #3 | DATE: |

