

INTERNATIONAL ASSOCIATION of MACHINISTS

and AEROSPACE WORKERS

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

OFFICERS EXPENSE REPORT

5:		
p Code:		
OFFICER SUPPLIES OR EXPENSES		
EXPLANATION-MUST ATTACH RECEIPTS FOR PAYMENT	AMOUNT	
TOTAL		
SIGNATURE DATE:		
(INFORMATION BELOW FOR OFFICE USE ONLY)		
ER # TOTAL AMOUNT:		
DATE OF CHECK:		
NATURE: DATE:		
E #1 DATE:		
E #2 DATE:		
E #3 DATE:		
	TOTAL TOTAL URE	

