



INTERNATIONAL ASSOCIATION OF MACHINISTS
AND AEROSPACE WORKERS
LOCAL LODGE 99



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Expense Reporting Form

Member Name		Purpose of Expense	
Branch/Facility/Location		Start Date	
Date of Form Completion		End Date	

Date	Description (For Travel include # of KM's driven and trip origin/dest)	Mileage (@\$.50/km)	Lodging	Meals	Other	Total

Totals				
Transportation	Lodging	Meals	Other	Grand Total

Signature_____

Date_____