

T5S 1R5

## INTERNATIONAL ASSOCIATION of MACHINISTS and AEROSPACE WORKERS District Lodge 14 and Affiliated Lodges 2583, 1722, 99



Tel: (780) 483-4103 Fax: (780) 486-0674

Toll Free: (866) 799-7799

## **Expense Reporting Form**

Melling Address Phone Number City Province DL 14 (email: bmakey@iamdl14.org) LL 2583: (email dardarbinks5@shaw.ca) LL 1722 (email: franzen.kyle@yahoo.com)  Date Mork performed for: LL 1722 (email: franzen.kyle@yahoo.com)  LL 2583: (email dardarbinks5@shaw.ca)  LL 298; (email dardarbinks5@shaw.ca)  LL 2583: (email dardar										
Phone Number	Member's Name					Purpose of Ex	pense			
City	Mailing Address					Employer				
Dil 14 (email: bmakey@iamd)14.org)   Ll. 2583: (email dardarbinks5@shaw.ca)     Ll. 1722 (email: franzen.kyle@yahoo.com)   Ll. 99 (email: jbrydges@iamaw99.ca)	Phone Number					Email				
Date Description # of km Mileage rate Total   Lodging Meals Other Total   Lodging Meal	City		Provinc	ce		Postal Code				
Date Description Transportation # of km Mileage rate Total			DL 14 (email: bmakey@iamdl14.org)			LL 2583: (email dardarbinks5@shaw.ca)				
mm/dd/yy For Travel include trip origin/destination # of km Mileage rate Total Total Total	Work performed for:		LL 1722 (email: franzen.kyle@yahoo.com)		n)	LL 99 (email: jbrydges@iamaw99.ca)				
mm/dd/yy For Travel include trip origin/destination # of km Mileage rate Total Total Total										
By signing my name below, I attest that I am entitled to the payments/reimbursements listed above.  Total:    Date:							Lodging	<u>Meals</u>	<u>Other</u>	
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Signature : Date :	entitled to the payments/reimbursements			Click here for final	Transpo	Transportation		Meals	Other	
	listed above. calculation									
Authorizing Name:  Authorizing Signature:	Signa	ture :			Date :					
AUDITION STREET	Authorizing Name:				Authorizing	Signature:				