

I.A.T.S.E. LOCAL 820 EXPENSE STATEMENT

DATE	DESCRIPTION	OFFICE	MEALS	PHONE	PARKING	OTHER	MILEAGE COST - FROM MILEAGE LOG SHEET	TOTAL
TOTAL AMOUNT TO BE REIMBURSED								
Name (printed): _____						Name (signature): _____		
Note: you may either print a hard copy, fill the form out by hand and submit it to the treasurer, or fill out the form from within MS Excel and then print it and submit it to the Treasurer.								
Approved by: _____, Treasurer, Local 820								
Note: the Auditor has informed us that we should keep reimbursements within the quarter in which they were incurred.								