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

#107, 10471 - 178 Street NW
Edmonton, Alberta
T5S 1R5

Tel: (780) 483-4103
Fax: (780) 486-0674
Toll Free: (866) 799-7799

# Expense Reporting Form

| | | | | | |
|---|---|---|---|---|---|
| Member's Name | | | | Purpose of Expense | |
| Mailing Address | | | | Employer | |
| Phone Number | | | | Email | |
| City | | Province | | Postal Code | |

**This form will not be processed unless all information is provided.**

| | | | | |
|---|---|---|---|---|
| Comments : | | Work performed for : | ☐ DL 14 | ☐ LL 99 |
| | | | ☐ LL 1722 | ☐ LL 2583 |

| Date<br>mm/dd/yy | Description<br>For Travel include trip origin/destination | Transportation<br># of km | Mileage rate | Total | Lodging | Meals | Other | Line Total |
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| TOTALS: | Transportation | Lodging | Meals | Other | Grand Total |
|---|---|---|---|---|---|
| | | | | | |

By signing my name below, I attest that I am entitled to the payments/reimbursements listed above.

Date : _____ Authorizing Name : _____

Signature : _____ Authorizing Signature : _____