

INTERNATIONAL ASSOCIATION OF MACHINISTS AND AEROSPACE WORKERS
LOCAL LODGE 1786

Submit to Secretary/Treasurer Form No. ST89-03

PAYMENT AUTHORIZATION FOR COMMITTEE EXPENSE

Name _____ Card No. _____

Address _____ City _____ Zip _____

LOST TIME : *NOTICE: You have to lose it. It is against Federal Law to receive pay from both your company and this union for hours you are claiming (example: at the same time, you may not be paid vacation, sick leave & etc.) Also, without the dates and reasons for all lost time and expenses, the lodge will not accept this bill.*

PURPOSE: [] Grievance/Arbitration [] Contract Negotiation [] Union Meeting [] Other (Explain)

COMMENTS: _____

DATE (s) _____

_____ hours @ \$ _____ /hour (sign & date below) LOST TIME GROSS \$ _____

OFFICER SALARY:

\$ _____ (Bylaws (Art. VII, Sec.1)) SALARY GROSS \$ _____

TOTAL LT & SAL \$ _____

DEDUCTIBLES:

FIT \$ _____

FICA \$ _____

MED \$ _____

DEDUCTIONS \$ _____

MISCELLANEOUS REIMBURSABLE EXPENSES: *I understand that I am personally responsible for providing the lodge with the itemized receipts, bills, & etc. or I will have to reimburse the lodge for all funds for which I do not supply valid backup documentation.*

[Receipt(s) attached]

TOTAL REIMBURSABLE MISCELLANEOUS EXPENSE \$ _____

Member Signature _____ Date _____

Check No. _____ Date _____ Secretary-Treasurer _____ Total Amount of Check \$ _____

TRUSTEE APPROVAL