

# South Jersey Letter Carriers

Branch 908, NALC, AFL-CIO

Print Name & Office \_\_\_\_\_ Paid - Br. Chk. # & Date \_\_\_\_\_

## Branch Officers, Shop Stewards, & Members Itemized Statement of Expenses

Date: \_\_\_\_\_

### Reasons For Expenditure:

Telephone: \_\_\_\_\_ Postage: \_\_\_\_\_

Transportation: Air \_\_\_\_\_ Auto \_\_\_\_\_  
(mileage)

Car Rental \_\_\_\_\_ Cabs & Limos: \_\_\_\_\_

Tolls/parking \_\_\_\_\_ Gasoline \_\_\_\_\_

Food: \_\_\_\_\_ Lodging: \_\_\_\_\_

Lost Time (explain): \_\_\_\_\_

Grievance Expenses(explain): \_\_\_\_\_

Other Expenditure(s )(explain): \_\_\_\_\_

Date(s) of Expenditure(s): \_\_\_\_\_

Total Expenditure(s) claimed: \_\_\_\_\_

Expenditure(s) Authorized by: \_\_\_\_\_

(Officer, Trustees, By-Laws)

Payment Authorized by: \_\_\_\_\_

(trustees Initial) \_\_\_\_\_

Signature of Claimant & Date: \_\_\_\_\_

(print name and sign)

Pay: (check one): Claimant \_\_\_\_\_ Provider \_\_\_\_\_

Submit all receipts with this request for payment and give to trustees for their consideration and recommendations to the Branch membership prior to the next regular monthly meeting of the Branch. Prepare in duplicate. If approved duplicate copy will be returned with check for payment.

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