

TO BE FILLED OUT IN INK ONLY



International Association of Machinists and Aerospace Workers
Local Lodge 463
PO Box 1013
Jacksonville, Arkansas 72078

Request for Reimbursement

TO: Secretary Treasurer

Member Number: _____

I _____, do hereby request reimbursement for the following
(Print Name)
item(s) which I purchased in the performance of my duties and/or at the request of a Local Lodge officer.

DETAILED ITEM DESCRIPTION	COST
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
6.	\$
7.	\$
8.	\$
9.	\$
<u>TOTAL REQUEST FOR REIMBURSEMENT</u>	\$

NOTE: Please attach all **original receipts** to this request and submit to the **RECORDING SECRETARY**. i.e. for mileage submit a printout showing mileage on a mapping program. (Google maps)

Officer Delegate Committee Person Other

Signature: _____ Date: _____

Authorization Signatures

Trustee: _____ Recording Secretary: _____
Trustee: _____ President: _____
Trustee: _____ Secretary-Treasurer: _____

Date: _____ Voucher number _____ Check Number _____