

**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.

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

**NOTE:** Please attach all ***original receipts*** to this request and submit to the ***SECRETARY TREASURER***. 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 \_\_\_\_\_