

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS LOCAL UNION 1116

ACTIVITY EXPENSE REPORT VOUCHER

NAME: \_\_\_\_\_ PHONE NUMBER: (602) \_\_\_\_\_ -

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ AZ. ZIP CODE: \_\_\_\_\_

EXPENSE ACTIVITY: (CIRCLE APPLICABLE ACTIVITY) \_\_\_\_\_ UTILITY CONFERENCE

PROGRESS MEETING \_\_\_\_\_ LINE CLEARANCE CONFERENCE \_\_\_\_\_ W.S.B.M.C. \_\_\_\_\_ L.A.M.P.A.C. \_\_\_\_\_

INTERNATIONAL CONVENTION \_\_\_\_\_ R.M. LABOR SCHOOL \_\_\_\_\_ STATE ASSOCIATION MEETING \_\_\_\_\_

1116.1 MEETING \_\_\_\_\_ E-BOARD MEETING \_\_\_\_\_ GRIEVANCE/ARBITRATION CASE# \_\_\_\_\_

NEGOTIATIONS: BLUME \_\_\_\_\_ T.E.P. \_\_\_\_\_ TRICO \_\_\_\_\_ OTHER \_\_\_\_\_

DATE(S) OF ACTIVITY: \_\_\_\_\_ THRU \_\_\_\_\_ LOCATION: \_\_\_\_\_

FOOD/MEALS AND BEVERAGES *****		
HOTEL/MOTEL *****		
TRANSPORTATION *****		
TIPS/GRATUITIES *****		
GAS/FUEL *****		
MILEAGE _____ @ _____ CENTS PER MILE *****		
LOST WAGES: _____ HRS. @ _____ PER HOUR (INCLUDE SHIFT PREM)		
OTHER _____ *****		

\*\*\* IMPORTANT NOTE \*\*\*

BE SURE TO ATTACH ALL RECEIPTS AS WELL AS ANY REMITTANCE TO THIS ACTIVITY EXPENSE REPORT VOUCHER WHEN SUBMITTED.

THERE WILL BE NO REIMBURSEMENT OF LOST WAGES OR EXPENSES WITHOUT A COMPLETED ACTIVITY EXPENSE REPORT VOUCHER.

TOTAL *****		
ADVANCE *****		
AMOUNT DUE *****		
REMITTANCE *****		

DATE: \_\_\_\_\_ 19\_\_\_\_

SIGNATURE: \_\_\_\_\_ S.S.# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

DATE OF REIMBURSEMENT IF ANY: \_\_\_\_\_ 19\_\_\_\_

CHECK NUMBER \_\_\_\_\_ AMOUNT \$ \_\_\_\_\_ VOUCHER NUMBER \_\_\_\_\_