



Connecticut Merged Branch 20

EXPENSE REPORT

NAME _____

DATE _____

STATION _____

TYPE OF UNION BUSINESS: **STEWARDS' MEETING**

STATION VISIT **OTHER - EXPLAIN**

EXPENSE

AMOUNT

LWOP **Number of hours** _____ **\$** _____
 (Attach 3971)

MILEAGE **Number of miles** _____ **\$** _____

Date of Travel: _____

From: _____

To: _____

POSTAGE **\$** _____

COPIES **\$** _____

SUPPLIES **\$** _____

OTHER **\$** _____

TOTAL **\$** _____

All receipts must accompany this report for payment.