



LOCAL 42 ITEMIZED EXPENSE REPORT

Date _____

Name _____

St. Address _____

City _____

State _____ Zip _____

Phone _____

Unit _____

Do Not Use This Space

DATE	ITEM	AMOUNT
TOTAL >		

Itemized receipts for all expenses must be attached. Do not use this form for Salary Compensation or ULOA.

I certify the above information to be correct, _____
(Signature)