



Sierra Pacific Air Transport Local Lodge 1782 Expense Reimbursement Form

Return within 30 days for processing

NAME		STATION CODE:	
DATE	EMP #	PHONE:	
ADDRESS			

PER DIEM

DATE	DESCRIPTION	AMOUNT

TOTAL _____

MILEAGE/TRANSPORTATION

DATE	FROM	TO	REASON	MILES	AMOUNT

TOTAL _____

MISCELLANEOUS EXPENSES

DATE	EXPLANATION (ATTACH RECEIPTS)	AMOUNT

TOTAL _____

PAYEE SIGNATURE _____

TOTAL DISBURSEMENT _____

TRUSTEE SIGNATURE _____

CHECK DATE _____

TRUSTEE SIGNATURE _____

CHECK Number _____