

**EXPENSE REPORT for LOCAL NO. 2, IBEW**

Name:	
SS#:	
Street Address:	
City, State & Zip:	
Employer:	
Hourly Wage Rate:	
Signature:	
Date Submitted:	

Date	Explanation	Hours	Travel	Lodging	Meals	Park/Cab	Tips	Misc

Subtotals: 

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Total of all expenses: 

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Ast/opeiu #13  
10/06

<b>Office Use Only</b>		
Approved by: _____	Date: _____	
Voucher #: _____	Date: _____	Amount: _____
Treasurer: _____		
President: _____		
Recording Secretary: _____		
Date Paid: _____	Check No. _____	Amount: _____