IAM
LOCAL 846

Expense Form

Name: _____ Date: _____

Address: _____ County: _____

City: _____ State: _____ Zip: _____

Address only necessary if you want your check mailed to you

Expenses

Date of expense	Reason for expense and amount	Total
	Total	

Motion # passed if motion was needed to pay expenses: #_____

**********Office Use Only**********

Check Date: _____ Check #: _____ Check Amount: _____

****

Member Signature: _____

Trustee Signature: _____ SEAL

Trustee Signature: _____