IAM
LOCAL 846

Salary Expense Form

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Airline: _____ Employee #: _____

Salary

Reason: _____

Month: _____ Amount: _____

Month: _____ Amount: _____

Month: _____ Amount: _____

Total Amount: _____

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

Check Date: _____ Check #: _____

Gross Amount: _____ Net Earnings: _____

Federal Tax: _____State: _____ Medicare: _____ Social Security: _____

****

Member Signature: _____

Trustee Signature: _____ SEAL

Trustee Signature: _____