

CHECK _____ CASHED? YES / NO STATEMENT DATE _____

TSALC EXPENSE REPORT

DATE (M/D/Y) CITY (From/To) PER-DIEM LOST TIME MILEAGE/AIRFARE TOTALS

PER DIEM IS PID AT THE FEDERAL PER DIEM RATE (SCHEDULE ATTACHED). MILEAGE IS \$ _____ CENTS PER MILE (eff. _____). ATTACH COPIES OF ALL BILLS / RECEIPTS TO THIS FORM FOR PAYMENT. (THERE WILL BE NO PAYMENT ISSUED WITHOUT THE PROPER RECEIPTS).

PAY SCALE - CC 2 (GRADE 6) - STEP 0 @ \$ _____ POSTAL RECORD _____

(EXPLANATION OF EXPENSES)

ORGANIZATIONAL (Board MTG)	\$ _____	_____
SPECIAL ASSIGNMENT	\$ _____	_____
EDUCATION (TRAINING/DISTRICT/NBA	\$ _____	_____
LEGISLATIVE	\$ _____	_____
CONVENTION (STATE/NATIONAL)	\$ _____	_____
POSTAGE/PHONE/SUPPLIES/COPIES	\$ _____	_____
MISCELLANEOUS/AFL-CIO REBATE	\$ _____	W-4 Status: Single / Married
OFFICER'S QTRLY ALLOWANCES	\$ _____	Exemptions: _____
GRAND TOTAL:	\$ _____	Federal Tax: _____
WITHHOLDING:	\$ _____	Social Security Tax: _____
CHECK:	\$ _____	Medicare Tax: _____

SIGNATURE OF PAYEE

PRINT NAME

ADDRESS

CITY / STATE/ ZIP+4

SIGNATURE OF APPROVAL / TSALC

PRINTED NAME / TSALC TITLE

PHONE #