



**AQUIDNECK LODGE LOCAL 587
INTERNATIONAL ASSOCIATION
OF MACHINISTS AND AEROSPACE WORKERS
AUTOMOBILE TRAVEL EXPENSE REPORT**



Name: _____

FROM Address: _____

TO Address: _____

Date(s) of travel included in this report: _____

Reason For Travel: _____

Miles including return. _____

Max IRS Allowable cents/mi _____

Total this Report: _____

OFFICE USE ONLY

Check Number: _____

Date Paid: _____

I hereby certify that the above expenses are due in performance of Official Business for this Lodge

Approved By President

Member Signature