

AQUIDNECK LODGE LOCAL 587

INTERNATIONAL ASSOCIATION OF MACHINISTS AND AEROSPACE WORKERS



STATEMENT OF EXPENSES OR REFUNDS DUE

(Officers, Delegates, Stewards, Committee Members, and Members

Name:			
Address:		City:	
State:	Zin Code	Title	

	Date	Item	Amount
_			
_			
-			
	D		
Approved	Date: _	TOTAL AMOUNT DUE \$	

President

I hereby certify this expense was incurred in performing Official Business of the Lodge

Recording Secretary

Date approved by Lodge

Date Paid_____Check No.____

Signature of Member Requesting Reimbursement