DISTRICT #142 OFFICERS LOST TIME AND EXPENSE REPORT

DATE	FROM	TO	PER DIEM	TAXABLE PER DIEM	TRANSPORTATION Surface	TRANSPORTATION Air	HOTEL Attach Bill	ADDITIONAL EXPENSES (Explain in Detail)	LOST TIME Hrs.	LOST TIME Rate	LOST TIME Total
SUN					LIMO AUTO TAM						0.00
MON					LIMO AUTO TAXI						0.00
TUE					LIMO AUTO TAXI						0.00
WED					LIMO AUTO TAXI						0.00
THU					LIMO AUTO TAXI						0.00
FRI					LIMO AUTO TAXI						0.00
SAT					LIMO AUTO TAXI						0.00
	TOTAL		0.00	0.00	0.00		0.00		0.00		

PER DIEM **$75.00**
DOMICILE PER DIEM **$20.00**

Time Allocation Schedule

#15	#16	#17	#18	#19
_____%	_____%	_____%	_____%	_____%

To Be Completed by Secretary Treasurer

Allowable Per Diem $_____

Reimbursed Expenses $_____

Total Expenses Paid $_____

NAME _____ DOMICILE _____

DL 142 OFFICE - VP ☐ TRUSTEE ☐

DAYS OFF _____ & _____

ON VACATION - Yes ☐ No ☐ DATES (If Yes) _____

REASON FOR EXPENSES (Explain) _____