

WEEKLY DISTRICT #142 FULL TIME STAFF EXPENSE REPORT

DATE	FROM	TO	PER DIEM	TAXABLE PER DIEM	TRANSPORTATION		HOTEL Attach Bill	ADDITIONAL EXPENSES (Explain In detail)
SUNDAY					LIMO AUTO TAXI			
MONDAY					LIMO AUTO TAXI			
TUESDAY					LIMO AUTO TAXI			
WEDNESDAY					LIMO AUTO TAXI			
THURSDAY					LIMO AUTO TAXI			
FRIDAY					LIMO AUTO TAXI			
SATURDAY					LIMO AUTO TAXI			
TOTALS								

TOTAL TAXABLE PER DIEM \$ _____

PER DIEM	\$75.00
DOMICILE PER DIEM	\$20.00

TO BE COMPLETED BY SECRETARY-TREASURER

1. TOTAL PER DIEM \$ _____
2. TOTAL EXPENSES \$ _____
3. TOTAL EXTRA EXPENSES \$ _____
4. TOTAL AMOUNT PAID \$ _____

NAME _____ DOMICILE _____

DATE SUBMITTED _____

REASON FOR EXPENSE

APPROVED

- A. ☐ President-General Chairperson Duties
- B. ☐ General Chairperson Duties
- C. ☐ Secretary-Treasurer Duties
- D. ☐ Other (Explain) _____