



International Association of Machinists and Aerospace Workers

TRANSPORTATION DEPARTMENT WEEKLY REPORT

LOCAL/DISTRICT # _____ WEEK ENDING _____ 20 _____

NAME _____

THIS FORM MUST BE COMPLETED IN ITS ENTIRETY, AND YOUR DAILY ACTIVITIES REPORTED BELOW:

Sunday Date:	
Monday Date:	
Tuesday Date:	
Wednesday Date:	
Thursday Date:	
Friday Date:	
Saturday Date:	

NUMBER OF CALLED OR REGULAR MEETINGS ATTENDED _____

LOCAL LODGE NUMBERS _____

LAST MONTHLY REPORT AND LAST QUARTERLY AUDIT REPORTED TO G.S.T.				
Lodge #	MONTHLY REPORTS		AUDITS	
	Last Month Reported	Members	Quarter Ending	Membership

MEMBERSHIP VISITS BY STATION AND WORK AREA			
	Day Shift	Afternoon Shift	Midnight Shift
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

Signature _____ Address _____

Give the address and telephone number where you can be reached each day of the upcoming week.

NAME _____ WEEK ENDING _____ 20 _____

Monday _____ Tuesday _____

Wednesday _____ Thursday _____

Friday _____ Saturday _____

This Report must be mailed EVERY SATURDAY EVENING. Any changes must be reported immediately.
ORIGINAL - TO BE SENT TO THE GENERAL VICE PRESIDENT
DUPLICATE - RETAIN FOR DISTRICT OR LOCAL LODGE FILE

