TRANSPORT WORKERS UNION LOCAL 252

DAILY EXPENSE VOUCHER

*NAME: _____ *DATE: _____

*BUSINESS AND DATE: _____

_____

****

TRANSPORTATION: _____

FUEL ALLOWANCE: _____

BREAKFAST: _____

LUNCH: _____

DINNER: _____

TIPS: _____

OTHER: _____

***TOTAL EXPENSES:** _____
(must complete)

** BE SURE TO TOTAL ALL YOUR EXPENSES AND ATTACH ORIGINAL RECEIPTS! **