

NALC Branch 25 Member's Report of Work and Expenses

NAME			TITLE		Month	Year
STREET			APT. #		POSTAL STATION	
CITY, STATE			TEL (Home)		ZIP OF STATION	
ZIP			SS #		TEL. (Station)	
	HOURS WORKED		MILEAGE	EXPENSES	DESCRIPTION OF WORK Work performed, list origin and destination of travel.	
DATE	REGULAR	Assignment	Reimbursed at NALC rate per mile.	Attach Receipts		
TOT.						
GROSS					APPROVAL	
FED W/H						
FICA					PRESIDENT	
MED						
STATE WH					EXECUTIVE VICE PRESIDENT	
MA Pd Fam Leave						
MA Pd Med Leave					TRUSTEE	
Health Benefits						
Life Insurance					Treas.	
Thrift Savings Plan						
Dues					Check #	
NET WAGES			WAGES		DATE	
			MILEAGE			
			REIM. EXP.			
			TOT. PD.			

NOTES: