I.A.T.S.E. LOCAL 820

P.O. BOX 110035
Pittsburgh, PA 15232-0035
Phone Number fax Fax Number

Statement No.

EXPENSE STATEMENT

Employee

Name _____ Emp # _____
SSN _____ Position _____
Department _____ Manager _____

Pay Period

From _____
To _____

Date	Account	Description	Day Rate	Office Supply	Fuel	Meals	Phone	Mileage	Other	TOTAL
	IATSE 820									

Sub Total
Subtract Advances
TOTAL

Approved By

Notes

Current mileage reimbursement rate is $.325

◉ Reimbursement

○ Payment Needed

Office Use Only