



LOCAL 42 ITEMIZED E-EXPENSE REPORT

Date: _____

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

Unit: _____

Personal Cash/Credit Union+

Staples

Do Not Use This Space

DATE	ITEM	AMOUNT
TOTAL >		

Itemized receipts for all expenses must be attached. Do not use this form for Salary Compensation or ULOA.

I certify the above information to be correct, _____
(Signature)