

**South Jersey Letter Carriers**  
Branch 908, NALC, AFL-CIO

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Print Name & Office

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Paid – Br. Chk. # & Date

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**Branch Officers, Shop Stewards, & Members**  
**Itemized Statement of Expenses**  
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Date: \_\_\_\_\_

Reason For Expenditure

Telephone \_\_\_\_\_ Postage \_\_\_\_\_

Transportation Air \_\_\_\_\_ Auto \_\_\_\_\_  
(mileage)

Car Rental \_\_\_\_\_ Cabs & Limos \_\_\_\_\_

Tolls/Parking \_\_\_\_\_ Gasoline \_\_\_\_\_

Food \_\_\_\_\_ Lodging \_\_\_\_\_

Lost Time (explain) \_\_\_\_\_

Grievance Expenses (explain) \_\_\_\_\_

Other Expenditure(s) (explain) \_\_\_\_\_

Date(s) of Expenditure(s) \_\_\_\_\_

Total Expenditure(s) Claimed \_\_\_\_\_

Expenditure(s) Authorized by \_\_\_\_\_  
(Officer, Trustees, By-Laws)

Payment Authorized by \_\_\_\_\_  
(Trustees Initials) \_\_\_\_\_

Signature of Claimant & Date \_\_\_\_\_  
(print name and sign)

Pay (check one) Claimant \_\_\_\_\_ Provider \_\_\_\_\_

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Submit all receipts with this request for payment and give to trustees for their consideration and Recommendations to the Branch membership prior to the next regular monthly meeting of the Branch. Prepare in duplicate. If approved, duplicate copy will be returned with check for payment.  
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