



IATSE LOCAL 320 - EXPENSE VOUCHER

Submitted by (print) _____

Purpose of expense: _____

Vendor: _____

Service/Items: _____

Tax: \$ _____

Date of Expenditure: _____

Total attendance: _____

Officer attendance (list): _____

Officer reimbursement? Yes / No

Other Info: _____

Budget _____

Date of reimbursement _____

Total amount of reimbursement \$ _____

Reimbursed with check # _____ from account _____

Officer signature

Received By signature

Attach Receipts