EXPENSE CLAIM SUMMARY*

Date: ________________________

Claiming Month: ______________

Local _____________

Payee: ___________________

Title: _____________________

*This form only to be used during the COVID-19 pandemic and for the period of time as determined by the Transportation Division President.

Amount in currency:
Committee Day: $____________
Lost Wages: $____________
Office Supplies: $____________
Phone: $____________
Postage: $____________
Copies: $____________
Other: $____________

Per Diem
___ Day(s) x _________ Rate
Per Diem Total: $____________

ODO BEGIN ______________

ODO END ______________

Must attach Dates and Purpose when claiming mileage.

Mileage Rate: ______________
Total Mileage: ______________
Mileage Total: $____________
NET TOTAL: $____________

Salary, Lost Wages, and committee days are subject to income tax withholding.

Current SMART TD committee day is $314.38 Locals may establish their own committee day rate in accordance to SMART Constitution

Current Per Diem rate set by the SMART TD for meals and lodging is $195.00

Current Per Diem rate set by the SMART TD for meals only is $66.00

The maximum auto mileage rate is $0.575 per mile.

Original receipts must be submitted with expense summary for payment.

All expenses/lost time/salary MUST have proper approval prior to payment.

*If you need more room to write, add additional pages.

Due to restricted public gatherings resulting from the COVID-19 pandemic, lost time/expenses of Local and LCA officers may be paid by obtaining five signatures of members in good standing that have jurisdiction over the fund to be used for payment in lieu of membership approval at a Local meeting. This only applies to the period of time as determined by the Transportation Division President.

Print Names
1. ____________________________
2. ____________________________
3. ____________________________
4. ____________________________
5. ____________________________

Signatures
1. ____________________________
2. ____________________________
3. ____________________________
4. ____________________________
5. ____________________________

Treasurer Use Only:
Check Number: __________________________
Check Amount: __________________________
Meeting Date: __________________________

Last Updated: 3/17/2020