Local_____

Payee: _____

Title: _____

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: $_____

_____
Signature

Last Updated: 1/06/2021

EXPENSE CLAIM SUMMARY*

Date: _____

Claiming Month: _____

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

Explain the nature of your expense after each category:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

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

TRANSPORTATION DIVISION

Fund: ___Local ___ LCA ____

Only check one fund. A different Expense Summary is required if needed to use multiple funds.

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 $0.56 per mile.

Original receipts must be submitted with expense summary for payment.

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

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	Signatures
1._____	1. _____
2._____	2. _____
3._____	3. _____
4._____	4. _____
5._____	5. _____

Treasurer Use Only:

Check Number:	Check Amount:	Meeting Date: