LOCAL___________

EXPENSE CLAIM SUMMARY

Payee: _____________________
Title: _____________________
Date: _____________________

Fund: ___Local   ___LCA_____
Claiming Month: ____________

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

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

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

Current SMART TD committee day is $305.22. 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

The maximum auto mileage rate is $0.58 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.

Must attach Dates and Purpose when claiming mileage.

Mileage Rate: ________________
Mileage Total: $___________

NET TOTAL: $___________

If a quorum of LCA members is not present at regular monthly meeting, expenses/lost time may be paid by obtaining five signatures of members in good standing that have jurisdiction over the fund to be used for payment. This only applies to the LCA.

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

Signatures
1.________________________
2.________________________
3.________________________
4.________________________
5.________________________

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

Signature

Last Updated: 12/10/2018