

Approved By:

## **IATSE Local 798**

70 West 36th Street, Suite 4A New York, NY 10018 Fax 212-627-0664

Secre	tarvtrea	curer@	local798	net

Name	
Address	
City, ST & Zip	
Company	
Title	

## **Local Expense Voucher**

Receipts must be attached for all items listed

V		Fax 212-627-0664	_		
	<u>Se</u>	cretarytreasurer@local798.net	Paid with I	ocal Credit Card	
Name			T did With it	ocal Grount Gara	
Address			Paid By	Me Personally	
City, ST & Zip			(To be	Reimbursed)	
Company			Not	Paid Yet	
Title			(Request a c	heck to be written)	
				Ple	ase Check One
Date	Amount	Items and Reason for Purchase or Charge  Do NOT Use This Voucher For UAN		Which Budget	Mileage
Sub Total				Total Miles	
				Mileage Rate	\$0.70000
				Mileage Sub Total	
		Date:			
	is to certify that the am ATSE Local 798.	nounts shown on this statement were incur	red by	Tota	al