Local Lodge

Check Number Voucher Number

(Print) Payee					SSN		ONAL ASSO	Message
Address					Exemption		CZ KANASIN.	THOMENS * I
City, State, Zi	р							000
<u>Date</u>		<u>Hours</u>		<u>Rate</u>	<u>Total</u>	Gross Taxable Per Diem	<u> </u>	
	_ Monday		х		<u> </u>	_	_	
	Tuesday		х		_\$ -	Gross Income	\$ -	
	Wednesday		х		\$ -	(Social Security)		
	Thursday		х		\$ -	(Medicare)		
	Friday		x		<u>*</u>	(Federal W/H)		
	_				\$ -	(State W/H)		
	_Saturday		Х		<u> </u>	(City W/H)		
	_Sunday		Х		<u> </u>	(School Tax W/H)		
Reason:	-					(Other W/H)		
						Net Wages	s -	
Schedule 15		Schedule 16		Schedule	. 17	Schedule 18	Schedule 19	
Representational Activities		Political Activities and Lobbying			ions, Gifts & Grants	General Overhead	Union Admi	inistration
Preparation for and participation in the negotiation of collective bargaining agreements. Administration and enforcement of the agreements. Efforts to become the exclusive bargaining representative for any unit of employees. Keep from losing a unit in a decertification election or to another union. Recruiting new members.		Political disbursements or contribution in money. Entities and individuals associated with				Not allocable to any of the other disbursement categories in Statement B. Would include support personnel at headquarters, building maintenance personnel, and security guards. The salary of an assistant, whenever possible, should be allocated at the same ratio as the person or persons to whom they provide support (Schedule 11 and 12.) The purpose should include sufficient detail to determine why the disbursement cannot be allocated to another schedule.	officers, the union's regular membership meetings, intermediate national and international meetings union disciplinary procedures, the administration of trusteeships, the administration of apprenticeship and member education programs (not including political education, which should be reported in Schedule 16.) The purpose should be sufficient to explain why it's not included in another schedule.	
	<u>I am attestin</u>	g to the fact th			pest of my knowledg g documents are inc	e that the percentages alloguded.	cation are true	
Applicants Sig	gnature:							

(REQUIRED)		
Miscellaneous Expenses: (RECEIPTS REQUIRED)	Net Expenses	
	Net Wages	\$ -
Trustee name	Net Expenses	
	Check Total	\$ -
	Check Date	