UTU SALARY AND EXPENSE REPORT FORM LG3

General Committees and Legislative Boards

Claimant Name (Please Print or Type) _____

Social Security Number: _____ US or Canada? US

Anticipated Earnings this month from carrier: $_____ LO_____ GO 927

Which of the following codes applies to your position? _____

Chairperson (1); Director (6); Asst. Director (7); Vice Chairperson (4); Secretary (5); Other Employee (U); Non-employee (9)

DETAILS OF TRAVEL FOR (1) SESSION OR TRIP

Time Departed_____Arrived_____Date_____Meeting Time_____Date_____

Traveled From_____Beginning Odometer Reading_____

Traveled To_____VIA_____

Meeting Adjourned____Date_____Time Departed_____Arrived_____Date_____

Traveled From_____VIA_____

Traveled To_____Ending Odometer Reading_____

List All Service Days Being Claimed: ____/____ ____/____ ____/____ ____/____ ____/____

____/____ ____/____ ____/____ ____/____ ____/____ ____/____ ____/____ ____/____

SALARY, TRAVEL, AND OTHER EXPENSES

(A) Air $_____ (B) Rentals $_____ (C) Park $_____ (D) Tolls $_____ (E) Other $_____

List Other: _____ Total (A) thru (E) $_____

Total Miles Claimed this Report:_____ Rate 55 Amount $_____

Salary Rate Per Day: $ 241.82 No. Days_____ Amount $_____

Per Diem Out-of-Town Rate Per Day $ 158.00 No. Days_____ Amount $_____

Total of #1 thru #4 listed above. This is the total amount of your claim. Amount $_____

DETAILS OF SERVICE: _____

_____

_____

Mail Check to (Please Print or Type Address): _____

_____

Phone Number (Including Area Code): _____

Claimant X_____ Authorized by X_____

Per Diem Rules – Must leave before noon and return after noon next day to qualify for full per diem. Less than 12 hours due 0. Away 12 hours or more – due 1/3 day. Away 18 hours or more less than 24 – due 2/3 day.