



WORKERS MEETING EXPENSE REPORT

NAME: _____ DATE: _____

DESTINATION FROM: _____ DESTINATION TO: _____

DATE OF TRIP: _____ TO: _____

NUMBER OF PERSONS IN PARTY: _____

EXPENSES				
AIRFARE (Attach Receipts)				
GROUND FARE (Attach Receipts)				
LODGING (Attach Receipts)				
BOAT FARE (Attach Receipts)				
EXCESS BAGGAGE (Attach Receipts)				
DEPARTURE TAX (Attach Receipts)				
PER-DIEM				
DAYS		RATE		
OTHER EXPENSE/NOTATIONS (Attach Receipts)				
TOTAL EXPENSE				
LESS ADVANCE: Check#				
TOTAL DUE NCC WORKER				

PLEASE INDICATE WITH OFFICER APPROVED THIS TRIP:

PRESIDENT

TREASURER

SECRETARY

SIGNATURE: _____