

**J. DARRELL BIRMINGHAM**

**F.O.P. LODGE #140**

**STATEMENT OF EXPENSES**

**11345 Blachleyville Road**

**Wooster OH 44691**

**PH (330) 864-7904**

**DATE EXPENSE STATEMENT FOR:**

(Member Name)

**Mileage:**

DATE:\_\_\_\_\_\_\_\_\_\_ FROM:\_\_\_\_\_\_\_\_\_\_ TO:\_\_\_\_\_\_\_\_\_\_ MILES:\_\_\_\_\_\_\_\_\_\_ PURPOSE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE:\_\_\_\_\_\_\_\_\_\_ FROM:\_\_\_\_\_\_\_\_\_\_ TO:\_\_\_\_\_\_\_\_\_\_ MILES:\_\_\_\_\_\_\_\_\_\_ PURPOSE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE:\_\_\_\_\_\_\_\_\_\_ FROM:\_\_\_\_\_\_\_\_\_\_ TO:\_\_\_\_\_\_\_\_\_\_ MILES:\_\_\_\_\_\_\_\_\_\_ PURPOSE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE:\_\_\_\_\_\_\_\_\_\_ FROM:\_\_\_\_\_\_\_\_\_\_ TO:\_\_\_\_\_\_\_\_\_\_ MILES:\_\_\_\_\_\_\_\_\_\_ PURPOSE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TOTAL MILEAGE: TOTAL MILES:\_\_\_\_\_\_\_\_ X .55 $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

POSTAGE: **$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

TELEPHONE: **$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

HOTEL **ROOM & TAX ONLY: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

MEALS: **$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

TIPS: **$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

PARKING: **$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

TOLLS:  **$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

SUPPLIES: **$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TOTAL: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Receipts must be attached for payment. Your signature certifies that the above account is correct and just and that the items detailed are due to official business of the Fraternal Order of Police and/or the Ohio Labor Council and were actually paid.

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, OH Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

APPROVAL FOR PAYMENT:

Amount: \_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

Local Associate sign: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Secretary / Treasurer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Presiding Officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CHECK NUMBER: \_\_\_\_\_\_\_\_\_\_ DATE ISSUED: \_\_\_\_\_\_\_\_\_\_\_ METHOD OF DELIVERY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please mail this form when completed to**

**Lodge #140 office at the above address**