

Local #1287 Fee Payer Log & Weekly Pay/Expense Request Time Card. All sections must be filled out
Attach a Photo Copy Of Your Calendar and All Receipts For Which Reimbursement Is Requested.

Your Name _____

Week Ending _____

Date Received By FS. _____

To be filled out
By FS ONLY

Date	Description of Activities	V Hours	LT. Hours	W Hours	Per Diem	Expenses	Hr. Rate	Amount Requested	Approved By	C	NC
	Total Hours										

Date Given to President for Review _____

Date Totals Certified By FS _____

Date Approved By President For Pay. _____

Date Transferred to control form. _____