Name _____

Address _____

_____ Zip Code _____

Social Security Number _____

STATEMENT OF EXPENSES AND SALARY

BROTHERHOOD OF MAINTENANCE OF WAY EMPLOYES DIVISION

Title _____

System _____

Lodge No. _____

Month/Yr _____ Mileage Rate _____ ¢/Mile

	AT	PURPOSE	✓	Miles/$ Amt.		PARKING	TOLLS	TRANS-PORTATION	TAXI FARE	BAGGAGE	HOTEL AND MEALS	POSTAGE AND TELEPHONE	AUTO EXPENSE			DAILY TOTAL
1																
2																
3																
4																
5																
6																
7																
8																
9																
10																
11																
12																
13																
14																
15																
16																
17																
18																
19																
20																
21																
22																
23																
24																
25																
26																
27																
28																
29																
30																
31																
TOTAL																

EARNINGS

Dates worked from _____ to _____

_____ days at $ _____ per Diem – Total Earnings $ _____

Office Use Only

Charge To:

Nat'l Division _____

System _____

Lodge _____

I hereby certify the information on this report is true and correct.

_____
Signature

_____
Approval

ES-1 (Rev. 4/06)