

**STATEMENT OF EXPENSES AND SALARY**  
**BROTHERHOOD OF MAINTENANCE OF WAY EMPLOYEES DIVISION**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Social Security No.: \_\_\_\_\_

Title \_\_\_\_\_  
 System \_\_\_\_\_  
 Lodge No. \_\_\_\_\_

		Month/Yr		Mileage Rate .575 ¢/Mile										
AT	PURPOSE	✓	Miles / \$ Amt.	PARKING	TOLLS	TRANSPORTATION	TAXI FARE	BAGGAGE	HOTEL AND MEALS	POSTAGE AND TELEPHONE	AUTO EXPENSE			DAILY TOTAL
1			0.00											\$0.00
2			0.00											\$0.00
3			0.00											\$0.00
4			0.00											\$0.00
5			0.00											\$0.00
6			0.00											\$0.00
7			0.00											\$0.00
8			0.00											\$0.00
9			0.00											\$0.00
10			0.00											\$0.00
11			0.00											\$0.00
12			0.00											\$0.00
13			0.00											\$0.00
14			0.00											\$0.00
15			0.00											\$0.00
16			0.00											\$0.00
17			0.00											\$0.00
18			0.00											\$0.00
19			0.00											\$0.00
20			0.00											\$0.00
21			0.00											\$0.00
22			0.00											\$0.00
23			0.00											\$0.00
24			0.00											\$0.00
25			0.00											\$0.00
26			0.00											\$0.00
27			0.00											\$0.00
28			0.00											\$0.00
29			0.00											\$0.00
30			0.00											\$0.00
31			0.00											\$0.00
<b>TOTAL</b>			<b>0.0</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>\$0.00</b>

**EARNINGS**  
 Dates worked from \_\_\_\_\_ to \_\_\_\_\_  
 \_\_\_ days at \_\_\_\_\_ per diem--Total Earnings \_\_\_\_\_

**Office Use Only**

<b>Charge to:</b> Nat'l Division <u>5090</u> System _____ Lodge _____
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I hereby certify the information on this report is true and correct.

\_\_\_\_\_  
*Signature*

Approval \_\_\_\_\_