



Industrial Workers of the World

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Expense Report Form

Page ____ of ____

#	Date	Expense Type	Description	Amount	Receipt Title
			Total:		

Name: _____

X Number: _____

Note: Please read the disbursement policy in the Manual of Policy and Procedures, Section 2-14, on IWW.org. Use additional forms if you need more room. Attach all receipts, relevant documentation, and disbursement request form.