



Local Lodge 1932

International Association of Machinists and Aerospace Workers

12109 Hawthorne Blvd.

Hawthorne, CA 90250

SALARY REPORT

Name _____

Address _____

City _____ State _____

Zip _____

Month: _____

Reason: _____

Month: _____

Reason: _____

Month: _____

Reason: _____

****I certify that the above amounts are correct:

Signature: _____

Below to be filled out by
Secretary Treasurer

*****PLEASE NOTE*****

**Must attach copy of paystub for
amount = to dues salary then
present voucher to the Recording
Secretary to be processed**

Box A:

Rate: \$ _____

Check Number: _____

Check Date: _____

*****TOTAL MOVED TO BOX B*****

Box B:

Subtotal Box A: \$ _____

FICA: \$ _____

MC: \$ _____

SS: \$ _____

State: \$ _____

Subtotal: \$ _____

Less Advances: \$ _____

Check Total: \$ _____

President: _____

Rec. Secretary: _____

Date: _____