



Local Lodge 1932

International Association of Machinists and Aerospace Workers

12109 Hawthorne Blvd., Hawthorne, CA 90250

SALARY REPORT

Name _____

Address _____

City _____ State _____

Email _____ Phone _____

Month _____ Reason _____

Month _____ Reason _____

Month _____ Reason _____

Airline _____

I certify that the above amounts are correct

Signature _____

Below to be filled out by Secretary Treasurer

Box A	
Rate: \$	_____
Check Number:	_____
Check Date:	_____
Subtotal A: \$	

President _____

Rec. Secretary _____

Date _____