CAB TRANSPORTATION – BASE STATION ONLY

(This form is to be used by Flight Attendants only.)

Name _____ **Employee No.** _____ **Base:** _____

S.S.N. _____ **Month** _____

DOMESTIC FLIGHTS					INTERNATIONAL FLIGHTS				
		Flight Time					Flight Time		
Date	Flight	Dept.	Arvl.	Amount	Date	Flight	Dept.	Arvl.	Amount

I certify that the items listed above represent a true and accurate statement of expenses incurred by me in connection with Company Business and in accordance with Section 4, Paragraph C(1) and (2) of Agreement for PMNW flight attendants

Employee's Signature & Title _____ **Date** _____

Inflight Service Approval & Title _____ **Date** _____

Date of Audit _____ **Auditor** _____