

NORTHERN PACIFIC RAILWAY COMPANY

Meal and Lodging Allowance
Engine and Train Employees

Division _____ Date _____

Occupation	Name (IBM Stamp)	* Amount	Station	Arrived			Departed			Total Time Off Duty	
				Train No.	Date	Time Tied Up	Train No.	Date	Time On Duty	Hrs.	Min.
Conductor											
Brakeman											
Brakeman											
Brakeman											
Engineer											
Fireman											

I certify this claim to be correct.
(Signature of each employee)

Approved:

Superintendent

Mail to Superintendent in duplicate promptly
after each trip.

* Do not show claim for lodging if paid for
by Railway Company.