

MERCHANT SAILOR JOB EXPENSES

CLIENT NAME _____ YEAR _____

PHONE # (_____) _____



SAILOR UNION DUES (*if No Union Dues write "NONE"*):

Annual Base Dues + \$ _____
Working Dues (*usually taken on Vacation Paychecks*) + \$ _____ = \$ _____

SAILOR UNIFORMS (& *Other Working Clothing*):

Jackets, Shirts, Pants, etc. + \$ _____
Uniform Cleaning (*including at home*) + \$ _____ = \$ _____

SAILOR PHONE CALLS (*Including Personal Calls Home from Ships*)

Regular Phone Lines + \$ _____
Cellular Phone or Pager + \$ _____
Other Calls When Away From Home + \$ _____ = \$ _____

SAILOR EQUIPMENT:

Safety Equipment, Flashlights, Tools, etc. + \$ _____
Computer & Software Used For Job + \$ _____ = \$ _____

SAILOR LICENSE FEES, PASSPORTS, VISAS, ETC \$ _____

SAILOR JOB REQUIRED MEDICAL EXAMS \$ _____

OTHER SAILOR EXPENSES (*Please Specify Below*)