



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
MICHIGAN EMPLOYMENT RELATIONS COMMISSION
BUREAU OF EMPLOYMENT RELATIONS
RUTHANNE OKUN, DIRECTOR

MIKE ZIMMER
DIRECTOR

**INDEPENDENT EXAMINER'S VERIFICATION OF
UNION EXPENDITURES COVERSHEET**

MERC ASSIGNED REGISTRATION NUMBER: R_____

NAME & ADDRESS OF LABOR ORGANIZATION:

EXPENDITURES SUMMARY*:

AUDIT PERIOD (*12 months*): _____ through _____

Collective Bargaining Costs: \$ _____

Contract Administration Costs: \$ _____

Grievance Adjustment Costs: \$ _____

NAME, TITLE, ADDRESS & PHONE NUMBER OF INDEPENDENT EXAMINER:

LABOR ORGANIZATION DESIGNEE: (*For questions or other information regarding the content of the attached submission*)

Name: _____

E-mail: _____

Phone: _____

**ATTACH THIS COVERSHEET TO YOUR INDEPENDENT EXAMINER'S VERIFICATION BEFORE
SUBMITTING TO MERC BY E-MAIL TO: unionaudits@michigan.gov**

*The exclusive bargaining representative shall also file a declaration identifying the local bargaining units that are represented. Local bargaining units identified in the declaration filed by the exclusive bargaining representative are not required to file a separate calculation of all expenditures.