

EDUCATION VOUCHER



Local 2004
SALARY, LOST TIME & EXPENSE VOUCHER

Date:	Reason:
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Name:	Seniority/yrs
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Full Address:	DofB:
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Soc. Ins. No.	Phone H:	Work:
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Date	Hours Lost	Rate Per Hour	Reason for Lost Time	Gross Wages
Totals				

Date	Expense Explanation	Travel	Meals	Hotel	Misc.
	Mileage Kilometers @ .33				
	No. of Days				
Totals					
Total Expenses					

To save ink & paper a copy of the Voucher is not usually returned
 If you must have a copy please indicate by writing YES
 in this box.....

I declare that I am entitled to the payment claimed.

Signature