



Local 2004
SALARY, LOST TIME & EXPENSE VOUCHER

Date:	Reason:
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Name:	<u>Seniority/yrs</u>
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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