Wages, Lost Time and Expense Voucher

NAME _____ Social Security No. / Canada – Social Ins. No. _____
PLEASE PRINT

LOCAL UNION _____ U.M.W.A.

DATE _____ 20____ JOB GRADE _____ EMPLOYEE NO. _____ OFFICE HELD _____

DATE	EXPLANATION OF WORK PERFORMED	TIME		ACTUAL HOURS WORKED	NON-LOST TIME HOURS	LOST TIME HOURS	SHIFT	AUTOMOBILE		OTHER EXPENSE	
		FROM	TO					MILES	AMOUNT	AMOUNT	EXPLAIN
TOTALS											

I certify that all of the aforementioned expenses were incurred in performing legitimate official duties, and by affixing my signature below I authorize verification of all lost time hours reported.

Signature _____
MUST BE SIGNED BY CLAIMANT

* Approved By _____ Date _____

Approved By _____ Date _____
PRESIDENT

Approved By _____ Date _____
RECORDING SECRETARY

*Payment will not be made on this voucher unless PREVIOUSLY AUTHORIZED

FORM L-201 (1-05)

GCC/IBT 46-S
PRINTED IN U.S.A.

FOR OFFICIAL USE ONLY

	Hours	Rate	Amount
TOTAL LOST TIME			
TOTAL NON-LOST TIME			
SALARY			
		Gross Wages	

GROSS LOST TIME & WAGES $_____

Deductions

Soc. Sec. Taxes	$_____
Fed. Income Taxes	$_____
_____	$_____
_____	$_____
_____	$_____
_____	$_____
_____	$_____

TOTAL DEDUCTIONS $_____

NET LOST TIME OR WAGES $_____

Travel Expense $_____

Other Expenses $_____

TOTAL EXPENSES $_____

AMOUNT OF CHECK $_____

Paid by Check No. _____ Date _____

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