IBEW Local Union 589

REQUEST FOR REIMBURSEMENT FOR TIME LOST AND/OR EXP

DATE:- _____

TO: TREASURER
LOCAL UNION 589,IBEW

NAME _____

WORK LOCATION HMC CAR SHOP 8 TRACK BOOTH

TIME LOST _____ **HOURS @** _____ **PER HOUR =**

NIGHT DIFF. _____ **HOURS @** _____ **PER HOUR =**

SUB TOTAL

LESS FEDERAL & STATE TAXES

LESS RAIL RETIREMENT TAX TIER I

LESS RAIL RETIREMENT TAX TIER II

TOTAL

EXPENSE INCURRED (ITEMIZE): _____

_____

_____

_____

TOTAL

EXPLANATION FOR TIME LOST AND/OR EXPENSE:

_____

_____

_____

_____

_____

_____

SIGNATURE _____

APPROVED _____

APPROVED _____

PAID CHECK # _____