

IBEW Local Union 589

REQUEST FOR REIMBURSEMENT FOR TIME LOST AND/OR EXPENSE INCURRED

Date: _____

To: LU589 Treasurer

Name: _____

Work Location: _____

Time Lost _____ HOURS @ _____ PER HOUR= _____

Night Diff _____ HOURS @ _____ PER HOUR= _____

SUBTOTAL _____

(Taxes and RR tiers to be subtracted by union)

EXPENSE INCURRED (ITEMIZE):

TOTAL: _____

EXPLANATION FOR TIME LOST AND/OR EXPENSE:



SIGNATURE: _____

APPROVED: _____

APPROVED: _____

PAID CHECK # _____