

# 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):

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TOTAL: \_\_\_\_\_

EXPLANATION FOR TIME LOST AND/OR EXPENSE:

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SIGNATURE: \_\_\_\_\_

APPROVED: \_\_\_\_\_

APPROVED: \_\_\_\_\_

PAID CHECK # \_\_\_\_\_