

PORTLAND AREA LOCAL 458
P.O. Box 6800
Scarborough, Maine 04070-6800

LWOP & EXPENSE VOUCHER

NAME: _____

ADDRESS _____ CITY: _____ STATE: _____ ZIP: _____

PURPOSE: _____ FUNCTION DATES: _____

HOTEL:/Days: _____ Attach receipt \$ _____

TRANSPORTATION (Circle one) PLANE/CAB \$ _____

AUTO: # Miles _____ at 55.5 cents per mile \$ _____

TOLLS: \$ _____

MEAL EXPENSE: (Attach receipts) \$ _____

SECTION ONE: TOTAL EXPENSE \$ _____

MISCELLANEOUS EXPENSES

Postage: _____ Phone: _____ Supplies: _____ Other: _____

Misc: _____ Tips: _____ Registrations: _____

SECTION TWO: TOTAL EXPENSE \$ _____

COMPENSATION SECTION

LEVEL/STEP: _____ GROSS PAY: \$ _____

HOURLY RATE OF PAY: _____ SOC SEC: \$ _____

DATE OF LWOP: _____ (attach 3971) MEDICARE: \$ _____

DATE OF OTHER LEAVE: _____ FEC TAX: \$ _____

#HRS NIGHT DIFF _____ ME. TAX: \$ _____

SECTION THREE NET PAY: \$ _____

1: ALL EXPENSE VOUCHERS MUST BE SIGNED TOTAL SECTION 1: \$ _____

2: 3971" MUST BE ATTACHED TOTAL SECTION 2: \$ _____

3: RECEIPTS REQUIRED FOR ALL EXPENSES TOTAL SECTION 3: \$ _____

4: CLOCK RINGS FOR LESS THAN 8HRS

LESS ADVANCES: \$ _____

AMT DUE EMPLOYEE \$ _____

SIGNATURE: _____ TITLE: _____ DATE: _____

APPROVED BY: _____ DATE: _____ CHK# _____

AUTHORITY: _____