

TO BE FILLED OUT IN INK ONLY



International Association of Machinists and Aerospace Workers
Local Lodge 463
PO Box 1013
Jacksonville, Arkansas 72078

Lost Time Reimbursement Request

Check One: Officer Committee Delegate Other
Name: _____ Member Number: _____
Address: _____ Exemptions: _____
City: _____ State: _____ Zip Code: _____ Date: _____

Reason for Time Lost _____

Dates of Lost Time	Hourly Rate	Number of Hours	Amount

LOST TIME STATEMENTS Payroll documents must be attached or **PAYMENT** will be delayed.
For other travel expenses use the reimbursement request form.

Signature: _____ Date: _____

Office Use Only		
Gross Wages		
FICA W/H		
Medicare W/H		
Federal W/H		
State W/H		
Total Deductions		
Net Pay		

Authorization Signatures

Trustee: _____ Recording Secretary: _____
Trustee: _____ President: _____
Trustee: _____ Secretary Treasurer: _____

Date: _____ Voucher Number: _____ Check Number: _____