

LWOP/LOST TIME VOUCHER

Portland Maine Area Local 458
 P. O. Box 6800
 Scarborough, ME 04070
 Telephone: 883-4003



Name:	SSN:
Address:	
City, State & Zip Code:	

Purpose:	
Location:	
Date From:	Date To:

LWOP - CLOCK RINGS MUST BE ATTACHED TO VOUCHER.

LWOP/LOST TIME	AMOUNTS	
Hours -		
Level & Step		
		TOTAL EXPENSES

Signature:	Date:
Approved By:	Date:
Date Paid:	Check# Issued: