

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: \_\_\_\_\_