

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS

Local Union 2337

Expense Report

NAME _____ DATE _____

ADDRESS _____ CLASSIFICATION _____

CITY _____ ZIP _____

PHONE _____ CREW NO. _____

LOST WAGES

DATE:	#HOURS/RATE/SHIFT	LOST WAGE	PURPOSE
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MILEAGE

DATE:	PURPOSE:	FROM:	TO:	RETURN:	MILES:
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EXPENSES

DATE:	DESCRIPTION:	PURPOSE:	AMOUNT:
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TOTAL LOST WAGE: _____ TOTOAL GROSS: _____ (OFFICE USE ONLY)

TOTAL EXPENSE: _____ MEDICARE: _____

TOTAL MILEAGE: _____ FICA: _____

SIGNATURE: _____ WITHHOLDING: _____

APPROVED BY: _____ EXP/MILEAGE: _____

NET PAID: _____

If room doesn't allow you to list all wages, expenses, or mileage; please use the back of this sheet and bring the totals forward.