LWOP/LOST TIME VOUCHER

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



Name:			AFL-CR
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: