



Boilermakers Local 169

Voucher for reimbursement of lost wages

Name: _____

Address: _____

SSN: _____

Date: _____

Total Hours: _____ Hourly Rate: _____

_____ Married _____ Single _____ Exemptions Claimed

Committee or
reason for lost time: _____

Signature: _____

km:opeiu42afcio