



Boilermakers Local 169

Monthly Steward or MOST Allowance Claim Form

Name: _____

SSN: _____

Address: _____

Street

City

State

Zip

I was the:

Steward

MOST Safety Person

(CIRCLE ONE)

Contractor: _____

Work Month: _____

Year: _____

I certify the following (found in section 10.7.2 and 10.7.3 of Boilermakers Local 169's By Laws):

- I was assigned to a project as a Steward or a MOST safety person, and the project consisted of ten (10) or more persons, including myself.
- I attend or am properly excused from the monthly membership meetings (in accordance with sections 5.2 and 5.3 thereof)

Signature: _____

Date: _____

For Office Use Only

Authorized by: _____

Verified by: _____

Date: _____

Gross wages: _____

Amount to be reimbursed: _____