



**IBEW  
LOCAL  
953**

**WAGE & EXPENSE  
STATEMENT FORM**

NAME \_\_\_\_\_ DATE \_\_\_\_\_

EMPLOYER \_\_\_\_\_ PHONE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY / STATE / ZIP \_\_\_\_\_

Give a detailed explanation of the purpose and place for the wages lost and/or the expenses you incurred while on union business. \_\_\_\_\_

**ITEMIZE YOUR STRAIGHT-TIME WAGES LOST AND/OR YOUR EXPENSES INCURRED**

HOURLY WAGE RATE \$ \_\_\_\_\_ TIMES \_\_\_\_\_ HOURS OF WORK MISSED..... \$ \_\_\_\_\_

MEAL EXPENSES (You MUST attach receipts)..... \$ \_\_\_\_\_

TRIP MILEAGE \_\_\_\_\_ MILES @ 56 cents per mile

YOU TRAVELED FROM \_\_\_\_\_ TO \_\_\_\_\_

BACK TO \_\_\_\_\_ \$ \_\_\_\_\_

**OFFICE USE ONLY**

  
  
  
  
  
  
  
  
  
  

**IBEW 953 EXECUTIVE BOARD  
APPROVAL**

**LIST ALL OTHER RELATED EXPENSES**

\_\_\_\_\_ ..... \$ \_\_\_\_\_  
\_\_\_\_\_ ..... \$ \_\_\_\_\_  
\_\_\_\_\_ ..... \$ \_\_\_\_\_

MEAL EXPENSES (You MUST have receipts)..... \$ \_\_\_\_\_

**SUBTOTAL** ..... \$ \_\_\_\_\_

DEDUCT ANY ADVANCE MONEY RECEIVED ..... \$ \_\_\_\_\_

IBEW 953 COPE CONTRIBUTION..... \$ \_\_\_\_\_

**TOTAL WAGES & EXPENSES** ..... \$ \_\_\_\_\_

I attest to the accuracy of this expense statement.

SIGNATURE \_\_\_\_\_