



**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 @ 55.5 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 _____