



**INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL UNION 953**

WAGE & EXPENSE STATEMENT
PRESENTED FOR APPROVAL & PAYMENT

NAME _____ DATE _____

MAILING ADDRESS _____ EMPLOYER _____

CITY STATE _____
ZIPCODE _____

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

HOURLY WAGE RATE \$ _____ TIMES _____ HOURS OF WORK MISSED \$ _____

MEAL EXPENSES: (You **MUST** have receipts)..... \$ _____

YOUR TRIP MILEAGE: _____ @ _____ (IRS allowable mileage rate or determined by the Local) **PER MILE YOU TRAVELED:**
FROM _____ **TO** _____ **BACK TO** _____

.... \$ _____

LIST ALL OTHER RELATED EXPENSES: _____

\$ _____

OFFICE USE ONLY

_____ \$ _____

_____ \$ _____

MOTEL: Attach Receipts \$ _____

SUBTOTAL..... \$ _____

DEDUCT ANY ADVANCE MONEY RECEIVED..... \$ (_____)

IBEW 953 COPE CONTRIBUTION.....\$ (_____)

IBEW 953 EXECUTIVE BOARD
APPROVAL

TOTAL WAGES & EXPENSES---

I ATTEST TO THE ACCURACY OF THIS EXPENSE STATEMENT.
PLEASE SIGN BELOW:

X _____