

## USW LOCAL 348 P.O. Box 17-1052 KANSAS CITY KS 66117-0052 913-321-1021 FAX 913-321-1947

## LOST TIME STATEMENT

		Con	npany	EXAMPLE				
E	mployee						Expen	se Period
N	ame	JOH	IN DOE		Address 1234 ROAD S		From	2-Jan-23
Phone #		123-123-1234			City,State,Zip KANSAS CITY	(, MISSOURI		
E	Explanation		NFEREN	ICE CONVENTION	Date 2-Jan-23		То	2-Jan-23
$\lfloor$								/
	Date		Rate	Hours Description				Total
	1-Jan-23		25.00		Mark your rate and hours you would be miss	sing from work	\$	250.00
	2-Jan-23		25.00		nowever many hours you typically work		\$	250.00
	3-Jan-23	\$	25.00	10	and your hourly rate		\$	250.00
							\$	-
				You won't need to put anything here		\$	-	
							\$	-
							\$	-
							\$	-
							\$	-
							\$	-
						Sub Total	<u> </u>	750.00
						Add 10% Benefits Makeup		75.00
(			$\neg \subset$			Subtract Advances		
CI	heck #		-:	mal off Homa (Hour ? D	to)	Total	\$	825.00
	Date Pd							
Date Pd   Time Returned (Hour & Date)								
$\overline{\ }$	Signature JOHN DOE							

I hereby certify that the expenses claimed are in reimbursement for actual expenses incurred

Form version: 2021-12-30