

Reimbursement Request and Voucher
Pantex Guards Union

Name: _____ Date: _____

Reason for expense: _____

Lost time from scheduled work:	List date	# of hours	Rate of pay	Total
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

Other Wages: _____

Total Taxable Wages: _____

Less Federal Income Tax: _____

Less Social Security Tax: _____

Less Medicare Tax: _____

Other Deductions: _____

Total Net Wages: _____

Expenses:

Administrative (office supplies, etc.) _____

Mileage Expense: _____ miles @ \$.55 _____

Per Diem: _____ days @ \$ 60.00 _____

Lodging: _____

Parking Fees: _____

Telephone Expense: _____

Other Expenses: _____

Total Other Expenses: _____

Check # _____

Total Amount of Check: _____

Comments: _____

Requestor Signature: _____ Date: _____

Approved / Disapproved (Trustee delete one – if Disapproved give reason)

President/Vice President: _____ Date: _____

Financial Secretary: _____ Date: _____

Trustee: _____ Date: _____

Endorsement of Check is Sufficient Proof of Payment
Where all Union Financial Records are subject to audit and reviewed by the Labor Department and other Government Agencies,
please be sure all expenditures are listed in detail.