



LOCAL LODGE 701 OFFICER, STEWARD & MEMBER CHECK REQUEST



PAY TO THE ORDER OF: _____ (Please Print)

ADDRESS: _____

CITY, STATE, ZIP: _____ BIRTH DATE: _____

Table with columns: DATE (MONDAY-SUNDAY), HOURS, RATE, TOTAL, EXEMPTIONS (GROSS TAXABLE PER DIEM, GROSS INCOME, SOCIAL SECURITY, MEDICARE, FEDERAL W/H, STATE W/H, OTHER W/H, NET WAGES)

REASON:

Table with 5 columns: SCHEDULE 15, SCHEDULE 16, SCHEDULE 17, SCHEDULE 18, SCHEDULE 19. Each column contains a category name and a detailed description of eligible expenses.

MILEAGE:

Mileage table with columns: DATE, FROM, TO, RETURN? YES OR NO, TOTAL MILAGE, RATE, TOTAL

MISCELLANEOUS EXPENSES:

(ORIGINAL RECEIPTS REQUIRED)

BY SIGNING BELOW I CERTIFY THAT THE WAGES AND/OR EXPENSES REQUESTED HEREIN WERE INCURRED IN THE PERFORMANCE OF OFFICIAL UNION BUSINESS FOR LOCAL 701.

***** EITHER WRITTEN ACKNOWLEDGEMENT FROM YOUR EMPLOYER ENSURING THAT YOU WILL NOT BE PAID FOR THE TIME OFF IN ADVANCE OR A COPY OF YOUR PAYSTUB SHOWING THAT YOU DID NOT RECEIVE COMPENSATION IN ANY FORMAT IS REQUIRED BEFORE PAYMENT OF LOST TIME. *****

SIGNATURE: _____ SIGNATURE OF MEMBER REQUESTING PAYMENT

DATE _____ NET WAGES _____

REQUIRED

DATE _____ NET EXPENSES _____

_____ DIRECTING BUSINESS REPRESENTATIVE'S SIGNATURE OF APPROVAL

DATE _____ CHECK TOTAL _____

_____ REPRESENTATIVE'S SIGNATURE OF APPROVAL

DATE _____ CHECK DATE _____

_____ PRESIDENT'S SIGNATURE

CHECK NUMBER _____