PAYF	rer to upda		ges cont	d to this tact the		you have never filled 4 State for the Union t			
	ROLL PERIOD	ENDING			2	015 please type last 4 of you		CAL UNION	571, UAW
NAME			1						
	STREET					SOCIAL SECURITY NO.			
CITY			STATE	ZIP		CANADA - SOCI	AL INS, NO.	C	DN FILE
	-	Тт		O. OF HOURS					
	DAT	E FROM		AIGHTOVERTIN	REASC	DNS FOR CLAIM - GIVE FULL DETAILS FO	R "UNION BUSINESS,	," AS TO PEOPLE,	PURPOSE AND PLACE
SUNDAY									
MONDA		lours to	be reimb	bursed,					
TUESDA	m	nust mat	ch ATA	with		Fill out the	e reason		
wednesday union shoporder and be									
THURSD	JAY I I		to vouch						
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SATURE					N			a we use one T	
		_	TOTAL			Please add con	tact CODE	L AMOUNT	
(INCLUDE	COLA IF ANY)	K				hone number	1000 - La Ta		
00000			Hourly	Rate	6	(work or cell)		ned are in reir ROM WORK.	mbursement for ACTUAL
	LOST TIME OR V		-		<u>s</u>	"By definition, lost time is a r			a no-loss, no-gain basis - of
TOTAL	E EAFENSE ALL	OWANCES A		VI	\$	earnings actually lo			
DEDUCI	TIONS				<u>v</u>				
	Income Taxes					Signature			
	Sec. Taxes:				-	7	MUST BE S	SIGNED BY CLAIMA	NT
	ASDI					"Authorized By			Date
- HI				5	Signature				
State	Provincial Taxes		-	Ľ	ignatare	Approved By			Date
Local	Taxes						PRESIDENT		
					_	Approved By			Date
			<u>.</u>			RECO	RDING SECRETARY		
					-				
* Payment must not be made on voucher unless PREVIOUSLY AUTHORIZED.									USLY AUTHORIZED.
	DEDUCTIONS				<u>s</u>			-	
NET INC				DIEN	<u>\$</u>	Paid by Check No.		Date_	
	XABLE EXPENSE		JES AND PER	RDIEM	\$	NOTE			
OTHER REIMBURSEMENTS §									
	T OF CHECK				\$	File vouchers in chec	k number order	r. Attach all i	nvoices and receipts.
					÷				
	LM-2 FILE	RS ONL	<u>Y</u>			FILERS ONLY	112	LM-2	FILERS ONLY
			a . Wa			URSEMENTS BY HOUR			
16	Hou	irs are the a				to the Local Union in your officia classifications are considere			eu of not.
		Wages				m or <u>Reimbursements</u> of Travel			
REPF	RESENTATIONAL	OR ORGAN		POLITICAL A	CTIVITIES AND	CONTRIBUTIONS, GIFTS,	GENERAL O		UNION ADMINISTRATION
	ACTIVIT	HES	HOUSE	LOB	IBYING	AND GRANTS			
1			HOURS		HOURS	HOURS		HOURS	HOURS
			ind must b	e recorde	ed on Form W	ed to any of the classificat <u>S-2</u> (Functional Disburse Irsements Under \$5000 \	ment Itemiza		
				1		FEES, FINES, ASSESSMENTS,			PURCHASE OF
	BENEFITS	PEF	R CAPITA TAX	( ST	RIKE BENEFITS	ETC.	SUPPLIES FO	DR RESALE	INVESTMENTS AND FIXED ASSETS
\$	BENEFITS	PEF \$	R CAPITA TAX	( ST \$	RIKE BENEFITS	ETC.	SUPPLIES FC	DR RESALE	
\$	BENEFITS OANS MADE	\$ REPAY PRI	CAPITA TAX MENT OF LO NCIPAL (NOT DRTGAGES)	\$ AN TO AF	RIKE BENEFITS FILIATES OF FUND LECTED ON THEIR BEHALF	\$ S ON BEHALE OF INDIVIDUAL	\$ ALL DIREC	T TAXES	