



**LOCAL LODGE 2909**  
**REQUEST FOR REIMBURSEMENT**

**Name:** \_\_\_\_\_

**Employee Number:** \_\_\_\_\_

**Shift/DO:** \_\_\_\_\_

**LOST TIME INFORMATION**

<b>Date</b>	<b>Time</b>	<b>Hours</b>	<b>Hrly Rate</b>	<b>Gross</b>	<b>Reason</b>

**Gross \$\$ Lost** \$ \_\_\_\_\_  
**Officer Salary** \$ \_\_\_\_\_  
**Allowance** \$ \_\_\_\_\_  
**Per Diem** \$ \_\_\_\_\_

\*\*\*\*Do not write here\*\*\*\*

**Gross Taxable \$** \_\_\_\_\_  
**Soc Sec:** \_\_\_\_\_  
**Medicare:** \_\_\_\_\_  
**Total FICA:** \_\_\_\_\_  
**Fed W/H:** \_\_\_\_\_  
**State W/H:** \_\_\_\_\_  
**Total DED:** \_\_\_\_\_  
**Net Income \$** \_\_\_\_\_

\*\*\*\*\*

**Expenses (Dates & Reasons)**

**(Must have RECEIPTS)**

<b>Date</b>	<b>Reason</b>

**Total Expenses \$** \_\_\_\_\_

*I truthfully declare that I have not collected any other pay through vacation, DAT, DFOC, sick time, etc. for the lost time I am claiming on this form. I further declare I have not taken WOP or given away my shift. I claim that the time request is only my original bid shift and is not a pick-up. I also state I have not been reimbursed or paid for the itemized expenses I am claiming. I understand that I must provide all documentation required prior to receiving pay or reimbursement. I am aware that failure to abide by the above statements will delay my pay. False documentation or violations of the above statements will require immediate reimbursement to the lodge upon discovery.*

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Appd:** \_\_\_\_\_

**Check Number:** \_\_\_\_\_

**Amount:** \_\_\_\_\_

**Voucher:** \_\_\_\_\_