



**International Association of Machinist
and Aerospace Workers
District Lodge 4, Local Lodge 24
Andrews Air Force Base, Maryland**



Lost Time & Expense Statement

Name:		Date Submitted:	
Address:			
City:			
State:	Zip Code:	Signature:	

Wages

What Contract Are You Working Under:
Examples: DynCorp ASD, AKIMA, etc.

What is Your Job Title:

	Hourly Base Pay :	\$
	Flexible Benefits Pay (AWD)	\$
	Total Hourly Pay	\$

Reason

Give Full Explanation and Details of Union Purpose ***Attach all Receipts and Any Supporting Documents***

“Meal Reimbursement Requests Must Document Everyone Present & Union Purpose for Meal”

Lost Time ***IRS Form W-4 Must be on File With the Lodge to Receive Lost Pay***

Date:	# of Hours:	Rate:	
Date:	# of Hours	Rate:	
Total Gross Wages			\$

Only Actual Lost Time Will be Paid ***No Reimbursement for Lost Voluntary OT***

Mileage

Date:	From: Andrews AFB, MD	To:	
Date:	From:	To: Andrews AFB, MD	
Total Miles:	@ \$	Per Mile Equals	\$

Only Reimbursements in Accordance with Lodge Bylaws and Membership Action will be Paid

Per Diem

Dates:	to:	
Daily Per Diem Rate: \$	Total Amount Per Diem	\$

Per Diem is Only Payable When Out-of-Town, Overnight on Approved Union Business

Misc.

Date:	Item:	Amount	\$
Date:	Item:	Amount	\$

No Reimbursements Will Be Made Without Receipts

TOTAL GROSS AMOUNT DUE \$

Approval	Do Not Write in Space Below (For Office Use Only)		
	Trustee	Date Paid:	
	Trustee	Check Number:	
	Trustee	Net Check Amount:	\$