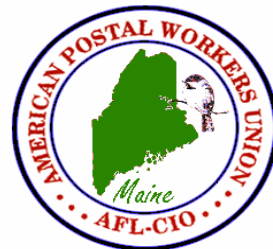


APWU of Maine
PO Box 13
Ashland, ME 04732



Name:
Address:
City, State & Zip Code:

Purpose:	
Location:	
Date From:	Date To:

LWOP/LOST TIME

AMOUNTS

Hours -		
Level & Step		
	TOTAL EXPENSES	

Signature:	Date:
Approved By:	Date:
Date Paid:	Check# Issued: