LWOP/LOST TIME VOUCHER

APWU of Maine
PO Box 13
Ashland, ME 04732

Name:
Address:
City, State & Zip Code:

Purpose:
Location:
Date From: Date To:

LWOP - CLOCK RINGS MUST BE ATTACHED TO VOUCHER.

LWOP/LOST TIME	**AMOUNTS**	
Hours -		
Level & Step		
	TOTAL EXPENSES	

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