



# LOST TIME VOUCHER

LOCAL \_\_\_\_\_ SPFPA

COMPANY: \_\_\_\_\_

Date time was lost \_\_\_\_\_

\_\_\_\_\_ Straight Time @ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
No. of Hours Hourly Rate Total Gross

\_\_\_\_\_ Time and One Half @ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
No. of Hours Hourly Rate Total Gross

**Detailed** explanation on how time was lost:

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Marital Status: \_\_\_\_\_

\_\_\_\_\_  
Signature

No. of Exemptions  
Claimed: \_\_\_\_\_

\_\_\_\_\_  
Print Name **Clearly**

Social Security  
No.: \_\_\_\_\_

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
**State you work in, if different from above:** \_\_\_\_\_

**Authorized by**

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Home, Cell, Work  
(Circle one)

Email: \_\_\_\_\_ @ \_\_\_\_\_

For office use only

**Total Withholdings**

GROSS: \_\_\_\_\_

FED'L TAX: \_\_\_\_\_

FICA: \_\_\_\_\_

MEDICARE: \_\_\_\_\_

STATE: \_\_\_\_\_

NET: \_\_\_\_\_

Net Amount: \$ \_\_\_\_\_

Date Paid: \_\_\_\_\_

Check No. \_\_\_\_\_