

LOST TIME VOUCHER

***THIS VOUCHER MUST BE COMPLETELY FILLED OUT TO BE PROCESSED**

*SPFPA LOCAL _____ COMPANY _____

***STATE YOU WORK IN: _____ (REQUIRED)**

*Date time was lost _____

* _____ Straight Time * @ \$ _____ = * \$ _____
No. of Hours Hourly Rate Total Gross

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

*Marital Status: _____

*Signature

*No. of Exemptions Claimed:

*Print Namely **CLEARLY**

*Social Security No.

*Street Address

*City, State, Zip Code

*Phone: () _____ - _____

***AUTHORIZED BY**

*Voucher cannot be authorized by
Member submitting

*Email: _____ @ _____

For Office Use Only

Total Withholdings

GROSS: _____

FED'L TAX: _____

FICA: _____

MEDICARE: _____

STATE: _____

NET: _____

Net Amount: _____

Date Paid: _____

Check No: _____