

**WASHINGTON-BALTIMORE NEWSPAPER GUILD
LOST TIME VOUCHER**

Name _____
(Please Print)

Social Security No. _____

Address _____

Withholding Exemptions: _____

Title _____

Assignment _____

Date	Purpose	Hours Lost	Basic Weekly Salary	Total Daily Compensation

TOTAL: _____ @ \$ _____ = \$ _____

Signature: _____

The above portion of this form is to be used ONLY for lost time away from the job in the service of the Guild

EXPENSE VOUCHER:

Date _____

Amount _____

Payable to: _____
(Please Print Name)

Unit _____

Purpose:

Signature _____

All Receipts **MUST** be attached

FOR OFFICE USE ONLY	
Check No. _____	
Check Date _____	
<u>Account</u>	<u>Amount</u>
_____	\$ _____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____