

**INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS**  
**Local Union 220**  
**Expense Report**

NAME \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CLASSIFICATION \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ CREW NO. \_\_\_\_\_

**LOST WAGES**

DATE:	#HOURS/RATE/SHIFT	LOST WAGE	PURPOSE

**MILEAGE**

DATE:	PURPOSE:	FROM:	TO:	RETURN:	MILES:

**EXPENSES**

DATE:	DESCRIPTION:	PURPOSE:	AMOUNT:

TOTAL LOST WAGE: \_\_\_\_\_ TOTAL GROSS: \_\_\_\_\_ (OFFICE USE ONLY)

TOTAL EXPENSE: \_\_\_\_\_ MEDICARE: \_\_\_\_\_

TOTAL MILEAGE: \_\_\_\_\_ FICA: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ WITHHOLDING: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_ EXP/MILEAGE: \_\_\_\_\_

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

If room doesn't allow you to list all wages, expenses, or mileage; please use the back of this sheet and bring the totals forward.