

IBEW System Council U-8

Paid on: _____

Voucher

Name : _____

Date : _____

SSN# : _____

Activity : _____

Date of Activity: _____

Lost Wages

_____ Hours X _____ \$/Hr = _____ Gross Wages

Less Federal Withholding Tax 15.0% - _____ FIWT

Less FICA Tax 6.20% - _____ FICA

1.45% - _____ Med

Total = _____ Net Pay

Check # _____ Check

Percentage of Time for LM Activity Categories	Percentage (%)	Wages (\$)
15) Representational Activities	_____	_____
16) Political Activities and Lobbying	_____	_____
17) Contributions and Gifts	_____	_____
18) General Overhead	_____	_____
19) Union Administration	_____	_____
Totals	_____	_____

Must equal 100% Must equal Gross \$

Expenses

Hotel : _____

Flight : _____

Meals : _____

Tips : _____

Telephone : _____

Tolls : _____

Parking : _____

Mileage : _____ Miles X 0.585 \$/mile = _____

Other (list below)

_____ :

_____ :

_____ :

_____ :

_____ :

Total Expenses = _____

Check # _____

Signature

Recording Secretary

President

Warrant

Standing Bill Yes No

Approved at Local Meeting (Date) _____

