



LOCAL 317 REIMBURSEMENT REQUEST

DATE SUBMITTED _____

NAME: _____

EMPLOYER: _____

Request for: MILEAGE MEALS PARKING PER DIEM MISC

DATE(S): _____

PURPOSE: _____

MILES: _____

MEALS: _____

PER DIEM: _____

MISC: (please explain) _____

Request for: LOST TIME or FLAT RATE

DATE(S): _____

PURPOSE: _____

HOURS: _____

WAGE RATE: _____

SIGNATURE: _____

APPROVED BY: _____

For Office use only

Hours x rate: _____

Miles x rate: _____

Date Paid: _____

Check #: _____

Notes: _____

