



LOST TIME EXPENSE FORM

Member Name _____ YOUR LOCAL # _____

Home Address _____ City _____ MN

Zip Code _____ Member Signature _____

▶ DATE(S) OF EVENT OR PROJECT _____

▶ REASON FOR CLAIM (Event Name and Location, or Project Description)

▶ MEALS [Rate of \$ _____ per day] Quantity _____ \$ _____

[Rate of \$ _____ per day] Quantity _____ \$ _____

▶ LODGING [Attach Receipt] \$ _____

▶ MILEAGE [Rate of \$ _____ per mile] Quantity _____ \$ _____

▶ OTHER [Please Specify] _____ \$ _____

▶ TOTAL \$ _____

▶ LOST TIME (HEPC will reimburse either Per-Diem or Lost Time, not both)

Pay Rate \$ _____ Quantity _____ ▶ TOTAL \$ _____

LOCAL UNION LOST TIME PAYMENT

Fill out this section ONLY IF you were paid LOST TIME by your Local Union.

All LOST TIME should be submitted and paid through HEPC.

Date Paid by Local Union _____ Check Number _____ Amount \$ _____

▶ SUBMIT THIS FORM TO THE HEPC TREASURER Bryan Kirsch 952-994-9752

By Email: kirsch21@hotmail.com By USPS Mail: 14438 Garrett Avenue, Apple Valley, MN 55124

.....

Expense Approval Signature _____

CHECK NUMBER _____