HEPC

**LOCAL UNION NUMBER   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MEMBER NAME (Please Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MEMBER SIGNATURE   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HOME ADDRESS   \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CITY, STATE, ZIP CODE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**REASON FOR CLAIM   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATES INVOLVED   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE # \_\_\_\_\_\_\_\_\_\_\_\_**

**MEALS (@ \_\_\_\_\_\_\_\_\_)…………………………………………………   $ \_\_\_\_\_\_\_\_\_\_**

**LODGING (attached receipt)   ………………………………………..   $  \_\_\_\_\_\_\_\_\_\_**

**MILEAGE     ……………………\_\_\_\_\_\_\_\_\_miles…@ \_ .67 / mile =    $  \_\_\_\_\_\_\_\_\_\_**

**OTHER (SPECIFY)   …………………………………………………..   $  \_\_\_\_\_\_\_\_\_\_**

**TOTAL AMOUNT OF CLAIM……………………………………….   $  \_\_\_\_\_\_\_\_\_\_**

**LOST TIME-\_\_\_\_\_\_\_\_\_\_\_\_#HOURS @ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_             $\_\_\_\_\_\_\_\_\_\_\_**

**(HEPC WILL REIMBURSE EITHER PER-DIEM OR LOST TIME Not both)**

**Fill out this section if paid by Local Union**

**(All LOST TIME should be submitted and paid through HEPC)**

**DATE PAID BY LOCAL UNION   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CHECK NUMBER   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AMOUNT \_**

BRYAN KIRSCH

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