

# 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 \_\_\_\_\_

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