

Brotherhood of Locomotive Engineers and Trainmen
Texas State Legislative Board
LOST WAGES VOUCHER
2018



Voucher Date _____

EMPLOYEE INFORMATION:

Name _____ **SSN** XXX-XX- _____ **Division** _____

Address _____

Date	Description of Duties Performed	Lost Hours (Maximum) (8 hrs per day)	Total
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
		-	\$ -
		-	\$ -
		-	\$ -
		-	\$ -
		-	\$ -
		-	\$ -
		-	\$ -
		-	\$ -
		-	\$ -
		-	\$ -
		-	\$ -
TOTAL			\$ -

I certify that this lost wages claim is correct; that I am entitled to the payment as shown; the duties shown were performed; I was not paid by my employer for the same time period.

Signature _____

Approval _____

Received	
Paid	
Check No.	