Brotherhood of Locomotive Engineers and Trainmen

Texas State Legislative Board

LOST WAGES VOUCHER

Voucher Date _____

EMPLOYEE INFORMATION:

Name _____ SSN _____ Division _____

Address _____

Date	Description of Duties Performed	Lost Hours (Maximum 8 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.	