LWOP/LOST TIME VOUCHER

APWU of Maine
P. O. Box 41
Augusta, ME 04332

Name:	SSN:
Address:	
City, State & Zip Code:	

Purpose:	
Location:	
Date From:	Date To:

LWOP/LOST TIME	AMOUNTS
Hours -	
Level & Step	
	TOTAL EXPENSES

Signature:	Date:
Approved By:	Date:
Date Paid:	Check# Issued: