

PAYROLL REIMBURSEMENT

If payment is for call out, attach call out letter

NAME: _____
 COMPANY: _____
 TITLE: _____
 SSN: _____
 DOB: _____
 DATES: _____
 UNION TITLE: _____

REASON FOR PAYMENT i.e.- negotiations, training, school, arbitration, etc.

NEXT COMPANY PAY DATE: _____

TOTAL SALARY OR CALL OUT TIME:

	hours @	\$		\$	
	hours @	\$		\$	

DEDUCTIONS

Fed. Tax	\$
FICA	\$
Medicare	\$
State Tax	\$
NM WRK CM	\$

INCIDENTALS

Negotiations		days @	\$10.00	\$	
Winpisinger Center		days @	\$15.00	\$	
Conventions & Conferences		days @	\$30.00	\$	
TOTALS				\$	

OTHER DEDUCTIONS

	\$
	\$
	\$
	\$

GROSS AMOUNT	\$	
LESS DEDUCTIONS	\$	
AMOUNT PAID	\$	
CHECK NUMBER		

TOTAL DEDUCTIONS \$ _____

RECIPIENT SIGNATURE

RECORDING SECRETARY

PRESIDENT