



**Local # 18**  
**United Government Security Officers of America**  
**UGSOA**  
**WAGE CLAIM FORM**



*Members requesting reimbursement of lost wages or reimbursement for services due to attending Union business must complete the top section and submit to the Treasurer.*

Name:

Date(s):

Reason:

Total hours claimed: X

Hourly pay rate: =

Number of non-work days: X

Reimbursement amount: =

Total reimbursement claimed:

Signature: \_\_\_\_\_

-----

*Treasurer must complete this section.*

Total amount reimbursed:

Check number:

Date:

Signature(s): \_\_\_\_\_ & \_\_\_\_\_