

**ILA- Local 1771
Union Reimbursement Form**

Date: _____

Reason: _____

Name (Printed): _____

Signature: _____

| | | | |
|---------------------|------------------|----------------------|----|
| Hours Straight Time | | General Overhead | \$ |
| Hours Overtime | | Union Administration | \$ |
| | % To Be Withheld | Representational | \$ |
| | | Political / Lobbying | \$ |
| | | Contributions | \$ |