

# UNIT LEADER REIMBURSEMENT

190 E 5th St, Suite 750  
St Paul MN 55101  
Fax: 651-297-6814  
Fax toll free: 888-329-6732

Please pay the following member \$ \_\_\_\_\_ and bill the same amount plus any applicable taxes to our unit treasury.

Unit \_\_\_\_\_  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/Zip \_\_\_\_\_

LOST WAGES: \_\_\_\_\_ X \_\_\_\_\_ = \_\_\_\_\_  
(If applicable) (# of Hours) (Hourly Rate) TOTAL

**NOTE: Wage reimbursements and/or stipends now run through MSEA's payroll. You must fill in your birthdate, SS#, marital status and # of deductions to receive payment.**

Date of Birth \_\_\_\_\_ Marital Status & # of deductions \_\_\_\_\_

Security Number \_\_\_\_\_

Signature \_\_\_\_\_ Date Submitted \_\_\_\_\_  
(Unit Treasurer or Chief Steward)