



# LOCAL EXPENSE VOUCHER

Communications Workers of America

Local # \_\_\_\_\_

No. \_\_\_\_\_

Name \_\_\_\_\_

Date \_\_\_\_\_

Address \_\_\_\_\_

Social Security  
Or Unemployment Tax # \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Exemptions \_\_\_\_\_

Items	Sun.	Mon.	Tues.	Wed.	Thurs.	Friday	Sat.	Total	<i>For Use of Local Secy- Treas.</i>
Transportation									_____
Hotel Room									_____
Meals									_____
Salary									_____
Tel & Tel									_____
Miscellaneous									_____
									_____
<b>Total</b>									_____
Attach necessary receipts – Explain reason for expense: _____  This is to certify that amounts shown on this statement were incurred by me on behalf of CWA.									_____

Signature \_\_\_\_\_

*Expense Incurred By*

Signature \_\_\_\_\_

*Approved By*

Paid by \_\_\_\_\_

Check No. \_\_\_\_\_