CWA DEFENSE FUND

REIMBURSEMENT AND REPORTING FORM

International Use Only	
Date Rec:	
Amount Paid:	
Approved by:	
Date Ck Issued:	

Report # _____ **Local #:** _____

Date: _____

The following payments have been made by: _____

Check book balance on hand: _____ Date $ _____

Additional Advance Received: _____ Date $ _____

Reimbursement Received: _____ Date $ _____

Period Ending: _____ **TOTAL** $ _____ **(should match G total)**

CHECK #	ON BEHALF OF	PURPOSE	TOTAL (5)
TOTAL COLUMN AMOUNT			$
ADD CHECK BOOK BALANCE ON HAND _____ (Date)			$
		G Total	$

I certify that, to the best of my knowledge and belief, the above listed amounts were disbursed as indicated and in accordance with the Rules covering expenditures of Defense Fund money and request reimbursement therefore.

_____
Name

_____
Title

DFR-3
Rev. 6/00

Original: CWA District Fund Agent

Carbon Copy: Local Union

® TRADES DEPARTMENT COUNCIL 70