CWA MEMBERS' RELIEF FUND

REIMBURSEMENT AND REPORTING FORM

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

Report # _____

Local #: _____

Date: _____

Option A: *Flat Payment* ☐

Option B: *Need Basis* ☐

Option C: *Combination* ☐

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	NEED BASIS 1		AMOUNT FLAT PAYMENT 2	TOTAL (5) 3
		DESCRIPTION	AMOUNT		
TOTAL COLUMN AMOUNT					$
					$
				G Total	$

ADD CHECK BOOK BALANCE ON HAND _____ (Date)

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 Members' Relief Fund money and request reimbursement therefore.

_____ Name

_____ Title

DFR-2
Rev. 6/00

Original: CWA District Fund Agent

Carbon Copy: Local Union