

LOCAL EXPENSE VOUCHER

COMMUNICATIONS WORKERS OF AMERICA

LOCAL # _____

No. _____

NAME _____ DATE _____
 ADDRESS _____ SOCIAL SECURITY OR UNEMPLOYMENT TAX # _____

For Use of Local Secy.-Treas.

EXEMPTIONS _____

ITEMS	SUN.	MON.	TUES.	WED.	THURS.	FRI.	SAT.	TOTAL
Transportation								
Hotel Room								
Meals								
Salary								
Tel. & Tel.								
Miscellaneous								
TOTAL								

Attach necessary receipts—Explain reason for expense—Use reverse side of form, if necessary: _____

This is to certify that amounts shown on this statement were incurred by me on behalf of C.W.A.

Signature _____ Expense Incurred By _____ Signature _____ Approved By _____ PAID BY CHECK No. _____
(Printed in USA)

H-100