



LOCAL EXPENSE VOUCHER

Communications Workers of America

Local # 3905

Salary/HR or WS

Months Credit for WS

Name

Date

New/Change Address?

New Employee?

Address

SSN

Differential Days and Amount Below

NOTE: WAGES CANNOT BE PAID UNLESS IRS FORMS I-9 & W-4 HAVE BEEN FILED WITH THE LOCAL TREASURER

	SUN	MON	TUES	WED	THU	FRI	SAT	TOTAL
WEEK 1 of Pay Period								
DATES								
Transportation								
Hotel Room								
Meals								
Salary								
Miscellaneous								
Week 1 Total								
WEEK 2 of Pay Period								
DATES								
Transportation								
Hotel Room								
Meals								
Salary								
Miscellaneous								
Week 2 Total								
TOTAL								

Attach necessary receipts – Explain reason for expense: (Ex. Date, Grievance, Grievance #, Prepared Brief Also, if multiple tasks, give the hours per each task done in the description. Example 4 hours grievance's 4 hours organizing for an 8-hour day)

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 _____