



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	For Use of Local Secy- Treas.
Transportation									_____
Hotel Room									_____
Meals									_____
Salary									_____
Tel & Tel									_____
Miscellaneous									_____

Total									_____
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. _____

H-100