

LOCAL EXPENSE VOUCHER

COMMUNICATIONS WORKERS OF AMERICA

No:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_

State, Zip: \_\_\_\_\_

Date: \_\_\_\_\_

Social Security or \_\_\_\_\_

Unemployment #: \_\_\_\_\_

Exemptions: \_\_\_\_\_

For Local Secy/Treas  
Use

	Sun	Mon	Tue	Wed	Thur	Fri	Sat	Total
Dates Week 1								
Transportation								
Hotel Room								
Meals								
Tel. & Tel.								
Miscellaneous								
TOTAL								

#	Dates Week 2							
	Transportation							
	Hotel Room							
	Meals							
	Tel. & Tel.							
	Miscellaneous							
	TOTAL							

Narrative:

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

Paid By Chk

Signature: \_\_\_\_\_

Expense Incurred By

Signature: \_\_\_\_\_

Expense Approved By

