

Local # 3102

LOCAL 3102 - PAYROLL 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		Totals
Dates Week 1									Hours:	
Hours Week 1									Rate:	
Dates Week 2									Gross:	
Hours Week 2										
									W/H:	
									SS:	
									Med:	
									Tot Taxes:	
# TOTAL									Net:	

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

