

CWA LOCAL 3642

EXPENSE VOUCHER

Name:				Rate of Pay:				
Address:				Last 4 SS#:				
City/State/Zip:				Email:				
Phone:								
Week 1	MON	TUES	WED	THURS	FRI	SAT	SUN	TOTAL
Week 2	MON	TUES	WED	THURS	FRI	SAT	SUN	TOTAL
Hotel:		Meals:		Mileage:			Other:	
Per Diem:		Parking:		Cell Phone:			Taxi/Trans:	
Reason for Reimbursement (Wages etc)								
This certifies that the amount shown on the voucher was incurred by me on behalf of CWA Local 3642								
Signature:				Approved/President:				
Date:				Date:				
TTL PAID VOUCHER			CHECK/DC			DATE PAID		