

LOCAL EXPENSE VOUCHER

COMMUNICATIONS WORKERS OF AMERICA

Local # 1141

No. _____

NAME _____ DATE _____
 SOCIAL SECURITY
 ADDRESS _____ OR UNEMPLOYMENT TAX # _____

*For Use of Local
Secy.-Treas.*

Exemptions

ITEMS	SUN.	MON.	TUES.	WED.	THURS.	FRI.	SAT.	TOTAL
Transportation								
Hotel Room								
Meals								
Salary								
Tel. & Tel.								
Miscellaneous								
TOTAL								

Attach necessary receipts—Explain reason for expense—Use reverse side of form, if necessary: _____

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

Signature _____ Signature _____ PAID BY _____
 CHECK NO. _____