

CWA Local 9423 - WEEKLY EXPENSE VOUCHER

Name _____ Payroll Period _____
 Address _____ Date Paid _____
 _____ Date _____
 Phone # _____ Wage _____
 _____ Exemptions _____

ITEMS	Sun	Mon	Tues	Wed	Thur	Fri	Sat	Total	FOR ST USE ONLY
Date(s)									
REPRESENTATION									
POLITICAL									
CONTRIBUTIONS									
GENERAL OVERHEAD									
ADMINISTRATIVE									
Officer's Salary									
Parking / Mileage									
Per Diem									
Miscellaneous									
Total									

Explain reason for expense, attach necessary receipts. Use reverse side of form, if necessary:

For LM-2 Reporting:	# of hours	or	%
Representational Activities	_____		
Political Activities and Lobbying	_____		
Contributions, Gifts & Grants	_____		
General Overhead	_____		
Union Administration	_____		
Total:	_____		

This is to certify that amounts shown on this statement were incurred by me on behalf of CWA Local 9423.

Signature _____ Signature _____
 Expense Incurred By Approved By