

CWA LOCAL 2108 PAYROLL VOUCHER

Name: _____

Address: _____

City: _____ Zip: _____

Date: _____ Soc. Sec.# _____

County: _____ Federal Exemptions _____ Single:

State Exemptions _____ Married:

To be filled In by Treasurer	
Check #	_____
Date	_____

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date							

Mileage							
Misc.							

Representational Activities							
Political Activities							
Contributions, Gifts and Grants							
General Overhead							
Union Administration							

Total Hours							
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Total

Reason For Reimbursed Wages:

<u>Amt.</u>	<u>Hours</u>	<u>Code</u>

This is to certify that amounts shown on this statement were incurred by me on behalf of CWA Local 2108.

Employee Signature: _____ Approving Signature: _____