



**Communications Workers of America - Local 2204
Wage and Expense Voucher**

Name _____ Social Security Number: _____
 Address _____ Withholding Exemptions: M _____ No. _____
 _____ S _____ No. _____
 City State Zip
 Rate of Pay: \$ _____ \$ _____ \$ _____
 Hourly Daily Weekly

Advanced Received \$ _____ Date Wage/Expense Occurred _____

Wage/Expense	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Total
Mileage _____ mi. @ _____ per mi.								
Hotel Room								
Meals								
Telephone/Fax								
Postage								
Other _____								
Wages								
Total								

Explanation for Wage/Expense (Please attach receipts to BACK of this voucher): _____

I certify that the amounts shown on this voucher were incurred by me on behalf of CWA.

Signature: _____ Approval _____

For Use of the Secretary - Treasurer		
Gross		
Federal Tax		
FICA		
Medicare		
VA State Tax		
Total Deductions		
Net		
Expense		
Less Advance Received		
Total Paid This Voucher		

Check Number _____
 Date _____