

CWA Local 1101 350 West 31st Street 2nd Fl NYC, NY 10001

Payroll Voucher

Name _____
 Address _____
 City, State & Zip _____

Union Position _____
 Dept. _____
 S.S.# _____

		Representation	Union	Political	General	Charity	
		Activities	Administration	Activities	Overhead	Gifts & Grants	Total
Date	Weekday	Hours	Hours	Hours	Hours	Hours	Hours
	Sunday						
	Monday						
	Tuesday						
	Wednesday						
	Thursday						
	Friday						
	Saturday						

W/E Date _____

Total Hours _____

If these expenses can be recovered from the International (please check)

 (Name and Location of International Union Representative to contact)

Note: Only original receipts must be attached to this form.

Signature _____

Date _____

Signature of Vice President _____

Signature _____

Pmt Authorized _____ Title _____

Date _____