

CWA LOCAL 9588 SALARY VOUCHER

DATE _____ SS NO. _____ RATE OF PAY _____

WITHHOLDING _____ MARRIED _____ SINGLE _____ HEAD OF HOUSEHOLD _____ NO. OF EXEMPTIONS _____

NAME _____

ADDRESS _____ CITY _____ ZIP _____

HOURS _____ ACCT CODE _____ HOURS _____ ACCT CODE _____

HOURS _____ ACCT CODE _____ HOURS _____ ACCT CODE _____

DATE	HOURS	
TOTAL	0.0	

SIGNATURE _____ APPROVED BY _____

CWA LOCAL 9588 EXPENSE VOUCHER

NAME _____ INS. CO. _____ POLICY NO. _____ EXP. _____

DATE	MILEAGE EXPLANATION	MILES	DATE	MILES EXPLANATION	MILES
					0.0
					0.0
					0.0
TOTAL MILES					0.0

ACCT. CODE _____ AMOUNT _____ ACCT. CODE _____ AMOUNT _____ X . _____

ACCT. CODE _____ AMOUNT _____ ACCT. CODE _____ AMOUNT _____

MILEAGE EXPENSE

DATE	PER DIEM OR MEALS	LODGING	OTHER	EXPLANATION OF EXPENSES	
SUB TOTAL	\$0.00	\$0.00	\$0.00	TOTAL	\$0.00

THIS IS TO CERTIFY THAT THE AMOUNTS SHOWN ON THE EXPENSE VOUCHER WERE INCURRED BY ME ON BEHALF OF CWA LOCAL 9588

SIGNATURE _____ APPROVED BY _____