



PART TIME EXPENSE VOUCHER

Communications Workers of America

SSN: _____ EMPLOYEE ID : _____
 Name _____
 Address _____
 City, State, Zip _____

Voucher No. _____
 Voucher Date _____
 Budget Acct. _____
 Project Number. _____ Sub Code _____
 Local Affiliation _____

Check here for Address Change
 IS THERE A CASH ADVANCE TO BE RETIRED? _____
 IF YES, HOW MUCH? _____

Labor Code	Date MM/DD	WAGES (COMPLETE**)	Hotel Room	Meals & Incid.*	Meals In - Town*	Comm. Carrier	Personal Car	Elec. Comm.	Other (EXPLAIN)	Other (EXPLAIN)	Total
WEEK 1											
	SUNDAY /										
	MONDAY /										
	TUESDAY /										
	WEDNESDAY /										
	THURSDAY /										
	FRIDAY /										
	SATURDAY /										
WEEK 2											
	SUNDAY /										
	MONDAY /										
	TUESDAY /										
	WEDNESDAY /										
	THURSDAY /										
	FRIDAY /										
	SATURDAY /										
Total											
Expense Account		5122	5301	5311	5312	5321	5351	5521	5991	5991	

Auto Travel Report				Explanation of Activities and Expenses :
Date	Miles	From	To	
Total				

I understand that adequate automobile insurance as requested by law or otherwise is my responsibility and that CWA's insurance policy does not cover me individually. This is to certify that my automobile insurance meets or exceeds the minimum requirements of the jurisdiction in which my automobile was or will be driven.

* PLEASE BE SURE TO SUBMIT FORM H-56.1 FOR MEALS
 **BASE RATE OF PAY: HOURLY \$ _____ DAILY \$ _____
 *** LABOR CODES MUST BE COMPLETED FOR EACH DAY EXPENSES ARE INCURRED. SEE LABOR CODE DESCRIPTION LIST
 NOTE: WAGES CANNOT BE PAID UNLESS W-4 AND I-9 FORMS ARE FILED W/HQ OFFICE

THIS CERTIFIES THAT THE AMOUNTS SHOWN ON THIS VOUCHER WERE INCURRED BY ME ON BEHALF OF CWA.
 (VOUCHER MUST BE SIGNED BY THE ORIGINATOR AND ALSO HAVE APPROVAL SIGNATURE BEFORE EXPENSES MAY BE REIMBURSED.)

Signature: _____ **Approval Signature:** _____