CWA MEMBERS’ RELIEF FUND
REIMBURSEMENT AND REPORTING FORM

Report #:  
Local #:  
Date:  

Option A: Flat Payment  
International Use Only  
Option B: Need Basis  
Date Rec:  
Option C: Combination  
Amount Paid:  
Approved by:  
Date Ck Issued:  

The following payments have been made by:  
Checkbook balance on hand:  
Additional Advance Received:  
Reimbursement Received:  
Period Ending:  
Total  
(should match G total)

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<th>CHECK #</th>
<th>ON BEHALF OF</th>
<th>NEED BASIS</th>
<th>AMOUNT FLAT PAYMENT</th>
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<td>DISCRIPTION</td>
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TOTAL COLUMN AMOUNT $  
ADD CHECK BOOK BALANCE ON HAND $  
Date  
G Total $  

I certify that, to the best of my knowledge and belief, the above listed amounts were disbursed as indicated and in accordance with the Rules covering expenditures of Members’ Relief Fund money and request reimbursement therefore.

Name  
Title  

Original: CWA District Fund Agent  
Carbon Copy: Local Union  
DFR-2  
Rev. 04/16