

CWA MEMBERS' RELIEF FUND REIMBURSEMENT AND REPORTING FORM

Report #: Local #: Date:		Option A: Flat Payment Option B: Need Basis Option C: Combination		International Use Only Date Rec: Amount Paid: Approved by: Date Ck Issued:	
The following payments have been made by:					
Checkbook balance on hand:		Date	\$		
Additional Advance Received		Date	\$		
Reimbursement Received:		Date	\$		
Period End	ing:	Total \$			
CHECK #	ON BEHALF OF	NEED BA		AMOUNT FLAT	TOTAL (5)
		DISCRIPTION	AMOUNI		
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.					