SUNDRY DISBURSEMENT REPORT
COMMUNICATIONS WORKERS OF AMERICA

SDR VENDOR NUMBER __________________________

AGENT'S NAME ___________________________________________

DATE __________________________________________

BANK ACCOUNT NUMBER __________________________

ADMIN. UNIT/DEPT CODE __________________________

OFFICE / SERIAL __________________________

ADDRESS __________________________________________

STREET __________________________________________

CITY __________________________________________

STATE __________________________________________

ZIP __________________________________________

<table>
<thead>
<tr>
<th>SDR NUMBER</th>
<th>SDR TOTAL</th>
</tr>
</thead>
</table>

1. Check # | Check date | Budget Acct | Expense | Project Number | Payee | Labor Code | Sub-Code | Amount |
| Description |
2. Check # | Check date | Budget Acct | Expense | Project Number | Payee | Labor Code | Sub-Code | Amount |
| Description |
3. Check # | Check date | Budget Acct | Expense | Project Number | Payee | Labor Code | Sub-Code | Amount |
| Description |
4. Check # | Check date | Budget Acct | Expense | Project Number | Payee | Labor Code | Sub-Code | Amount |
| Description |
5. Check # | Check date | Budget Acct | Expense | Project Number | Payee | Labor Code | Sub-Code | Amount |
| Description |
6. Check # | Check date | Budget Acct | Expense | Project Number | Payee | Labor Code | Sub-Code | Amount |
| Description |

LABOR CODES MUST BE COMPLETED FOR EACH EXPENSE INCURRED. SEE LABOR CODE DESCRIPTION LIST.

This is to certify that these expenditures were incurred on behalf of CWA

Prepared By __________________________

Title __________________________

Approved By __________________________

Title __________________________

Date __________________________

FORM H-52-A
REV. 04/16

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