



SUNDRY DISBURSEMENT REPORT
COMMUNICATIONS WORKERS OF AMERICA

SDR VENDOR NUMBER _____

AGENTS NAME _____

DATE _____

BANK ACCOUNT NUMBER _____

ADMIN. UNIT/DEPT CODE _____

OFFICE / SERIAL _____

ADDRESS _____

SDR NUMBER _____

	STREET	CITY	STATE	ZIP					
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

SDR TOTAL

Prepared By _____

Approved By _____

Title _____

Title _____

Date _____