



**COMMUNICATIONS WORKERS OF AMERICA**  
**AFFILIATED WITH AFL-CIO**  
 501 THIRD STREET, N.W.  
 WASHINGTON, DC 20001

SHIPPING FORM

DATE \_\_\_\_\_ INVOICE NO. \_\_\_\_\_

I.D./S.S. NO. \_\_\_\_\_

ORDERED BY: \_\_\_\_\_

ORDER RECEIVED (DATE): \_\_\_\_\_

ORDER RECEIVED (PLEASE CHECK ONE):

TEL \_\_\_\_ FAX \_\_\_\_ MAIL \_\_\_\_ OTHER

MAIL INVOICE: YES \_\_\_ NO \_\_\_

PAYMENT RECD. (ENTER AMOUNT IF APPLICABLE):

CHECK: \_\_\_\_\_ MONEY ORDER: \_\_\_\_\_

CASH: \_\_\_\_\_ CHECK NO. \_\_\_\_\_

CHARGE BUDGET COST CENTER:

PREPARED BY: \_\_\_\_\_

SHIP TO:

POSTMASTER: Contents, MERCHANDISE. This parcel may be opened for postal inspection if necessary. RETURN POSTAGE GUARANTEED.

QUANTITY	DESCRIPTION OF MATERIALS	PRICE PER UNIT	AMOUNT	REMARKS
	Handling			
DATE SENT _____ VIA- _____		POSTAGE	\$	
PLEASE MAKE CHECKS PAYABLE TO COMMUNICATIONS WORKERS OF AMERICA		TOTAL		PAY THIS AMOUNT

IF PAYMENT IS NOT MADE WITHIN 60 DAYS OF THE INVOICE DATE, DEDUCTION MAY BE MADE FROM THE LOCAL DUES REMITTANCE CHECK, OR PAYCHECK, WHICHEVER IS APPROPRIATE

*Accounting Department Use Only*

G/L Account Number (N-NNN-NNNN-NNN)0	Amount	I.D. Number (Local, Vendor, etc.)
	\$	

\_\_\_\_\_  
Name & Title

\_\_\_\_\_  
Date