

REQUEST FOR PAYMENT C.W.A. LOCAL 3122 PAGE ____ OF ____

RATE OF PAY: _____ HOURS PER WEEK: _____ EMAIL: _____ PHONE: _____

ADDRESS: _____ ZIP: _____ DATE: _____

I, _____ hereby request payment for expenses, lost wages and/or mileage on UNION activities as follows:

Date:	Hours:	Miles	From	To	Expenses:	Reason: (Grievance #, Name, Expenses with receipts)
Totals						

FOR OFFICE USE ONLY

APPROVED BY: _____

CHECK # _____

NET PAY: _____ TOTAL EXPENSES: _____ CHECK AMOUNT: _____ TOTAL INCOME: _____