



CWA LOCAL 3645

EXPENSE VOUCHER



Name: _____ Employee #: _____
 Address: _____ SS #: _____
 City/State/Zip: _____ Rate of Pay: _____
 Phone: _____ email: _____ Exemptions: _____

WEEK 1	SUN	MON	TUE	WED	THUR	FRI	SAT	TOTAL
DATE								
HRS WORKED								
HRS PAID								
WEEK 2	SUN	MON	TUE	WED	THUR	FRI	SAT	TOTAL
DATE								
HRS WORKED								
HRS PAID								

Reason for reimbursed Wages: _____

Cell Phone: _____ Mileage: _____ Hotel: _____
 Parking: _____ Per Diem: _____ Taxi/Tran: _____
 Meals: _____ Other: _____

Expenses will be paid when receipts are signed, submitted and explained.

(Do not write below line for Secretary Treasure use only)

Hrs Paid: _____ Rate per Hr: _____ Fed Income Tax: _____
 Gross Wages: _____ Medicare: _____ NC. Income Tax: _____
 SS Tax: _____ 401 K: _____ Other: _____
TTL PAID THIS VOUCHER \$: _____ **CHECK #:** _____ **DATE PAID:** _____

Exp			My signature below certifies that the expenses shown on this voucher were incurred by me on behalf of CWA Local 3645.
Code			

 Signature Date Approved by President