

**COMMUNICATIONS WORKERS OF AMERICA, LOCAL 1000**  
**118 SOUTH AVENUE EAST, CRANFORD, NEW JERSEY 07016**

PART TIME  
 EXPENSE AND SALARY VOUCHER  
 (Please Print)

RATE OF PAY:  
 WK\$ \_\_\_\_\_ HR\$ \_\_\_\_\_  
 (INCLUDE CITY ALLOWANCE)

Job Title \_\_\_\_\_  
 Last 4 SS# \_\_\_\_\_

CHECK IF NEW PAY RATE

CHECK IF NEW ADDRESS

**TREASURER'S USE ONLY**  
 DATE \_\_\_\_\_  
 CHECK NO. \_\_\_\_\_  
 ACCOUNT NO. \_\_\_\_\_

NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 \_\_\_\_\_  
 City State ZIP

NOTE: WAGES WILL NOT BE PAID UNLESS W-4 AND I-9 FORMS ARE FILED IN LOCAL OFFICE

DATE	# HRS.	DETAILED EXPLANATION	PARKING	TOLLS	OTHER	TREASURER'S REMARKS
TOTALS						GRAND TOTAL:

DATE	FROM	TO	# MILES	REMARKS

Personal Car \_\_\_\_\_ Total Miles X \$ 0.56 per mile = \_\_\_\_\_

I hereby certify that I incurred the above mileage, tolls, and/or parking expenses in connection with Union business.

SIGNATURE \_\_\_\_\_  
 Expenses Incurred By

SIGNATURE \_\_\_\_\_  
 Approved by President

SIGNATURE \_\_\_\_\_  
 Secretary-Treasurer