COMMUNICATIONS WORKERS OF AMERICA, LOCAL 1000
1457 RARITAN RD, SUITE 204, CLARK, NJ 07016

PART TIME
EXPENSE AND SALARY VOUCHER
(Please Print)

RATE OF PAY:
WK$ _____ HR$ _____
(INCLUDE CITY ALLOWANCE)
Job Title _____
Last 4 SS# _____

NAME _____

ADDRESS _____

_____
City State ZIP

☐ CHECK IF NEW PAY RATE

☐ CHECK IF NEW ADDRESS

TREASURER'S USE ONLY

DATE _____

CHECK NO. _____

ACCOUNT NO. _____

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
						GRAND TOTAL:
TOTALS						

DATE	FROM	TO	# MILES	REMARKS

Personal Car _____ Total Miles X $ 0.725 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