

CWA 4025 EXPENSE VOUCHER

PAID BY CHECK NO. _____

NAME _____
 ADDRESS _____

DATE _____
 SSN _____

TAX ("M" or "S")
 EXEMPTIONS

Type in weekly rate: Per day equals:
 Total round trip miles: At \$0.505/mile:
 Per half day: Per hour:
 Half way miles: At \$0.505/mile:

ITEMS	SU	M	TU	W	TH	F	SA	TOTAL
DATE								
Mileage/transportation								
Hotel Room								
Meals								
Salary/Wages								
Telephone								
Miscellaneous								
TOTAL								

Attach necessary receipts--Explain reason for expense--Use reverse of form, if necessary:

This is to certify that the amounts shown on this statement were incurred by me on behalf of CWA 4025

Signature _____
 Expense incurred by

Signature _____
 Approved by