Communications Workers of America
Local 9510

SALARY VOUCHER

Reviewed E-Board Date							
1	2	3	4	5	6	7	8
9	10	11	12	13	14	15	16

Please print…

Name: **Check No:**

Address: **Social Security No:** / /

City: **Zip:** **Base Rate of Pay… Hour:** **Day:**

Exemptions: ☐ Married ☐ Single ☐ Head of Household **Pay Period Ending:** _____

Date	No. Hours	Wage	Explain Expenses
TOTAL			

SALARY: ☐ **Officers** ☐ **Office Clerk** ☐ **Employee (L.T.W)**

This is to certify that the amounts shown on this salary voucher were incurred by me on behalf of CWA Local 9510.

Approved By: Expense Incurred By:

Signature *Signature*

Date: Date Submitted to Local:

Please Mail ____ **Will Pick Up** ____ jc:opeiu#537