



Communications Workers of America
Local 9510

EXPENSE VOUCHER

Table with 8 columns and 2 rows for Reviewed E-Board Date.

Please print...

Name: Check No:
Address: Social Security No: / /
City: Zip: Pay Period Ending:

Table with 5 columns: Date, Per Diem or Meals, Transportation, Other, Explanation. Includes a TOTAL row.

TRANSPORTATION @ _____ Per Mile

Table with 7 columns: Date, From Location, To Location, Reason, Miles, Less Normal Commute, Total Miles. Includes a TOTAL row.

This is to certify that my automobile insurance meets the minimum liability requirements of \$10,000 each person, \$20,000 each accident and \$5,000 property damage.

Policy #: _____ Expires: ___/___/___

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

Approved By: Signature Expense Incurred By: Signature

Date: Date Submitted to Local:

Please Mail _____

Will Pick Up _____

jc:opeiu#537