Communications Workers of America
Local 9510

EXPENSE 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:** **Pay Period Ending:**

Date	Per Diem or Meals	Transportation	Other	Explanation
TOTAL	$ 0.00	$ 0.00	$ 0.00	

TRANSPORTATION @ _____ Per Mile

Date	From Location	To Location	Reason	Miles	Less Normal Commute	Total Miles
					TOTAL	0

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: Expense Incurred By:

Signature *Signature*

Date: Date Submitted to Local:

Please Mail ☐ **Will Pick Up** ☐

jc:opeiu#537