



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