

CWA LOCAL 3121
\$\$ VOUCHER \$\$

Date: _____

What Store/Yard/Office	
ST, FT, OPT, WT	
Sales, SSR, Call CTr	

NAME _____ TELEPHONE# That we may Contact You _____

ADDRESS _____ CITY, STATE, ZIP _____

ENTER PAYMENT FOR UNION TIME, EXPENSES AND OR MILEAGE BELOW:

<u>DATE</u>	<u>HOURS</u>	<u>EXPLANATION: Meeting, Rep-Time, Other</u>	

<u>DATE</u>	<u>EXPENSES:</u>	<u>AMOUNT</u>
TOTAL		

MILEAGE FOR UNION ACTIVITIES WILL BE PAID ONLY ON ACTUAL MILEAGE IN EXCESS OF MILES TO YOU REGULAR PLACE OF REPORTING.

<u>DATE</u>	<u>FROM - TO</u>	<u>FROM - TO</u>	<u>MILES</u>
_____	_____	_____	_____
_____	_____	_____	_____
TOTAL MILES:		_____	AMOUNT\$ _____

YOUR SIGNATURE: _____

APPROVED FOR PAYMENT BY: _____