CWA LOCAL 2100

EXPENSE VOUCHER

Name: _____ **Date:** _____

Address: _____ **SS #:** _____

Date	Description	Hours	Trans.	Local Meeting	State & Nat.	Office Supplies	Digital Sig.	Sodas & Chips	Total
									$ -
									$ -
									$ -
									$ -
									$ -
									$ -
							$ -		

Representational	_____	HRS	*Overhead*	_____	HRS	**Expenses**	$ -
Political Activties	_____	HRS	*Union Admin*	_____	HRS		$ -
Contrib, Gifts, Grants		HRS	*Total*		HRS	**TOTAL**	$ -

Signature: _____ **Approved By:** _____ **Paid By Check #** _____

Mileage Rate = 0.5

Date	From	TO	To	To	To	To	To	Mileage	Amount
									$ -
									$ -
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Signature: _____ **Approved By:** _____ **Paid By Check #** _____