SALARY AND EXPENSE STATEMENT

LOCAL 7476 CWA

Check # _____

Date _____

_____ _____

Name **Address**

_____ _____

Date **City** **State** **Zip**

OFFICE ONLY
Gross Wages
Fed Tax
Soc Sec
Med Tax
State Tax
Total Ded.
Net Wages
Misc Expenses
Total Check

DATE	MEALS	HOTEL	TRAVEL	OTHER	EXPLAIN TRAVEL & OTHER
TOTAL					

	WAGES				STATE UNION ACTIVITY AS REASON FOR WAGES AND/OR EXPENSES
DATE	LOST HRS	LOST PAY	OTHER HRS	OTHER PAY	
TOTAL					

RATE OF PAY	REMARKS
Week	
Day	
Hour	
	Soc. Sec. No.:

POINT TO POINT EXPLANATION				
DATE	FROM	TO	TO	MILES

This is to certify that I have incurred all of the above expenses on behalf of Local 7476.

SIGNATURE _____

Expense Incurred By

SIGNATURE _____

Approved For Payment By

*Total Personal Car Mileage _____@_____$_____

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

Policy No. _____ Expires ____/____/_____

Insurance Company _____