

MEETING EXPENSE VOUCHER – CWA LOCAL 4603

PAYEE: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

DATE	EXPLANATION	ACCT #	AUTHORITY	\$ AMOUNT

TOTAL EXPENSE: \$ _____

SIGNATURE _____

Acct #
 512=Officer Reimbursement
 513=Member Reimbursement
 .1 Representative
 .2 Political/Legislative
 .4 Overhead
 .5 Administrative

Authority
 LOP VI C2=Committee and Steward Meeting
 LOP VI A3=Board Meeting

FINANCIAL OFFICER USE:

Check #: _____ **Check Total: \$** _____ **Dated:** _____

Approved By: President _____

Treasurer _____