EXPENSE VOUCHER – CWA LOCAL 4603

PAYEE: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

DATE	EXPLANATION	ACCT #	AUTHORITY	$ AMOUNT
			TOTAL EXPENSE: $	

MEMBER'S SIGNATURE: _____

Acct #
512=Officer Reimbursement
513=Member Reimbursement

.1 Representative
.2 Political/Legislative
.4 Overhead
.5 Administrative

FINANCIAL OFFICER USE:

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

Approved By: President_____

Treasurer_____