

2019 CWA LOCAL 4603 – MOBILIZATION PAYROLL VOUCHER

PAYEE:
Print Last & First Name

DATE SUBMITTED TO LOCAL OFFICE:

WEEKLY PAY RATE: _____ **HOURLY PAY RATE:** \$ _____ **Night Differential:** _____

PAY PERIOD BEGINNING: _____ **ENDING:** _____ (see schedule on dry erase calendar by front desk for correct dates)

Date	Hours	Account Code	Authorization	Purpose
			LOP IV A1p3	MOBILIZATION Table

Total Hours:		<i>Totals from page 2</i> ↘	
Codes: 503 Wage Loss Officer 504 Wage Loss Member 512 Reimbursed Expenses Officer 513 Reimbursed Expenses Member .1 Representative .2 Political/Legislative .4 Overhead .5 Administration	Expenses →	\$	PAYEE SIGNATURE: _____
	Per Diem →	\$	
	Mileage	\$	
	_____ x 58¢ = Miles	\$	

(FINANCIAL OFFICER USE)

Check Number: _____	DATE: _____	Approved By: _____
Gross Wages: \$ _____		President: _____
Federal: \$ _____		
Soc Sec: \$ _____		
Medicare: \$ _____		
State: \$ _____		
	CHECK TOTAL: \$ _____	Secretary: _____

EXPENSES					PER-DIEM MEAL EXPENSES				
Date	Expense	Amount	Acct. Code	Authorization	Date	Amount	Acct. Code	Authorization	Purpose
TOTAL:					TOTAL:				

(Carry over to Page 1 and attach receipt/s)

(Carry over to Page 1 and attach receipt/s)

TRANSPORTATION EXPENSES							
Date	From	To	Miles	\$ Amount	Acct. Code	Authorization	Purpose
			Total Miles →		\$	← Total \$	

(Carry over to Page 1)