

2019 MILEAGE EXPENSE VOUCHER – CWA LOCAL 4603

PAYEE: _____
ADDRESS: _____
CITY/STATE/ZIP: _____

DATE Submitted	EXPLANATION	ACCT #	AUTHORITY	\$ AMOUNT
	MILEAGE REIMBURSEMENT <i>TOTAL MILES</i> _____ x 58¢		LOP IVC2a	
TOTAL EXPENSE: \$				

Acct #
 512=Officer Reimbursement
 513=Member Reimbursement
 .1 Representative
 .2 Political/Legislative

SIGNATURE: _____

Date	From	To	Miles	Purpose
		Total from front :		
		Total from back :		
		TOTAL MILES:		

FINANCIAL OFFICER USE:

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

Approved By: President _____
 Treasurer _____

