Communication Workers of America, Local 3902

Name: _____ Address: _____

City: _____ State: ___ Zip: _____ SSN: _____ Differential: _____

Rate of pay per hour: _____ Home Ph: _____ Work: _____ Exemptions: _____

Additional Fed. Withholding: _____

	SUN	MON	TUES	WED	THUR	FRI	SAT	Weekly Total	Combined
Date (Week 1)									
Hours (Week 1)								0	
Date (Week 2)									
Hours (Week 2)								0	0

Reason for Reimbursed Wages (If more than one activity, how many hours each? Use other side if needed)

_____

Expenses	SUN	MON	TUES	WED	THUR	FRI	SAT	**Total**	**Combined**
Mileage									
Parking									
Other Expense									

Attach Necessary Receipts. (Explain reasons for expenses and use other side for mileage)

_____

Mileage Reimbursement, List Below: (When selecting return, multiply one way mileage x 2 for Total)

Date	From	To	Miles	Return ?	Total
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				☐	

Office Use Only: (Secretary/Treasurer) Check No. _____ Date Paid: _____

Signature _____ Date _____ President _____