

2017 CWA LOCAL 4603 – 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

Total Hours:		Totals from page 2 →			
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 (53.5¢ each)	\$		
		_____ x .53.5 = →			
		Miles			

(FINANCIAL OFFICER USE)

Check Number:	_____	DATE: _____	Approved By: _____
Gross Wages:	\$ _____		
Federal:	\$ _____		President: _____
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)