EXPENSE VOUCHER – CWA LOCAL 4603

PAYEE: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

DATE	EXPLANATION	ACCT #	AUTHORITY	$ AMOUNT

TOTAL EXPENSE: $ _____

SIGNATURE_____

FINANCIAL OFFICER USE:

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

Approved By: President_____

Treasurer_____