EXPENSE STATEMENT
COMMUNICATIONS WORKERS OF AMERICA – LOCAL 7200

Name: _____ S.S. No. _____ No. of Tax Exemptions _____ Date _____

Street Address _____ City _____ State _____ Zip _____ Phone _____

REIMBURSEMENT FOR LOSS TIME Rate Per Week $

Date	Hours	Explanation	$ B	$ C	$ D	$ E	$ F	$ G	$ Total
TOTAL									

TRANSPORTATION – CAR USE – PARKING – TAXI - BUS

Date	Miles	Explanation	$ B	$ C	$ D	$ E	$ F	$ G	$ Total
TOTAL			$	$	$	$	$	$	$

MEALS & LODGING

Date	Number & Who	$ Meals	$ Lodging	$ Amount
TOTAL				$

Date	MISCELLANEOUS Description	Class	$ Amount
TOTAL			$

Summary		$
	Loss Time	
	Transportation	
	Meals & Lodging	
	Miscellaneous	
	TOTAL	
Deductions	$	
Med Tax		
SS Tax		
Fed Inc Tax		
State Inc Tax		
Total Tax		
	NET TOTAL	$
	TOTAL CHECK	$

CLASSIFICATIONS

B – CONTRACT NEG – ADM – GRIEVANCES
C – ORGANIZING
D – STRIKE ACTIVITIES
E – POLITICAL ACTIVITIES
F – LOBBYING & PROMOTIONAL
G - OTHER

Approval _____
Authorized Officer Title

_____
Signature of person of whom expense was incurred on behalf of CWA Local 7200 and title