



2015 - CWA Local 7901 Expense and Wage Reimbursement Form

Name:	Date:	Company:
Street address:	Mailing Address (if different from street address):	
City, State and Zip:	City, State and Zip:	

Wages*		
Date:	Hours:	Purpose:

*If this is the first time you are requesting Wages, if you have moved or need to change your deductions you need to fill out the W-4 form on the back of this page.

Expenses		
Date:	Amount:	Purpose:

Expenses will not be reimbursed unless receipts and any other documentation are attached.

For Official Use Only					
Hours	Pay Per Hour	Total Amount	Account	Expenses	Account

Employee's Signature

Date

Approved by

Date