



## 2016 - 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