

PAID CHECK NUMBER _____

CWA, LOCAL 3907

908 Butler Drive

Mobile, Alabama 36693

NAME _____

PAYROLL PERIOD COVERED _____

ADDRESS _____

HOURLY PAY RATE _____

WAGE SCALE _____

	DATE	HRS	SALARY LOSS – REASON	MILEAGE
SUN				
MON				
TUES				
WED				
THURS				
FRI				
SAT				
WK TOTAL				

SUN				
MON				
TUES				
WED				
THURS				
FRI				
SAT				
WK TOTAL				
2WK TOTAL				

MISCELLANEOUS EXPENSES

TOTAL \$ _____

I CERTIFY THAT THE ABOVE EXPENSES HAVE BEEN INCURRED ON BEHALF OF THE UNION.

DATE _____

SIGNED _____

BELOW FOR LOCAL OFFICERS USE ONLY

APPROVED _____

AUTHORIZED _____



LOCAL TREASURER'S USE ONLY

EARNED INCOME.....\$ _____

LESS STATE TAX.....\$ _____

LESS FED TAX\$ _____

LESS SS TAX.....\$ _____

LESS MEDICARE.....\$ _____

W/H- SAVINGS,OTHER.....\$ _____

DUES, PHONE,OTHER.....\$ _____

TOTAL DEDUCTIONS.....\$ _____

NET SALARY.....\$ _____