

PAID CHECK NUMBER \_\_\_\_\_

**CWA, LOCAL 3907**  
**908 Butler Drive**  
**Mobile, Alabama 36693**

NAME \_\_\_\_\_

PAYROLL PERIOD COVERED \_\_\_\_\_

ADDRESS \_\_\_\_\_

WAGE SCALE \_\_\_\_\_

HR/WK PAY RATE \_\_\_\_\_

40 HOURS \_\_\_\_\_

37 1/2 HOURS \_\_\_\_\_

	DATE	HRS	SALARY LOSS - REASON	MILEAGE
SUN				
MON				
TUES				
WED				
THURS				
FRI				
SAT				
WKTOTAL				

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

**MISCELLANEOUS EXPENSES**

TOTAL \$ \_\_\_\_\_

I CERTIFY THAT THE ABOVE EXPENSES HAVE BEEN INCURRED IN 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, DUES, PHONE.....\$ \_\_\_\_\_

DUES/OTHER.....\$ \_\_\_\_\_

TOTAL DEDUCTIONS.....\$ \_\_\_\_\_

NET SALARY.....\$ \_\_\_\_\_