

**CWA Local 1118  
EXPENSES**

4 Wembley Ct., Albany, NY 12205

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State: \_\_\_\_\_

Week Ending: \_\_\_\_\_  
 SS#: \_\_\_\_\_

Date	Expense	Unit	Code	Amount	Explanation
Sunday					
<b>Total \$</b>					
Monday					
<b>Total \$</b>					
Tuesday					
<b>Total \$</b>					
Wednes.					
<b>Total \$</b>					
Thursday					
<b>Total \$</b>					
Friday					
<b>Total \$</b>					
Saturday					
<b>Total \$</b>					

Total Expenses \_\_\_\_\_

Total for Week \$ \_\_\_\_\_

This is to certify the amounts shown on this statement were incurred by me on behalf of CWA.

Signature \_\_\_\_\_  
 Expense Incurred By \_\_\_\_\_

Signature \_\_\_\_\_  
 Approved by \_\_\_\_\_  
 Paid by Check No. \_\_\_\_\_