



# CWA LOCAL 1051

P.O. BOX 373

444 EAST 3<sup>RD</sup> STREET

S. BOSTON, MA 02127

## REIMBURSEMENT/CREDIT CARD VOUCHER REQUEST

**\*\*RECEIPT FOR PURCHASE MUST ACCOMPANY THIS FORM\*\***

REQUESTER: \_\_\_\_\_ DATE: \_\_\_\_\_

WORK LOCATION: \_\_\_\_\_ PHONE #: \_\_\_\_\_

MERCHANT: \_\_\_\_\_ DATE: \_\_\_\_\_

QUANTITY	ITEM PURCHASED
_____	_____
_____	_____
_____	_____

PAYMENT METHOD:

*CWA Credit Card\**       *Personal Credit Card\**       *Check/Cash\**

REASON FOR PURCHASE:  
\_\_\_\_\_  
\_\_\_\_\_

TOTAL PURCHASE AMOUNT: \_\_\_\_\_

REQUESTER SIGNATURE: \_\_\_\_\_

PRESIDENT SIGNATURE: \_\_\_\_\_

TREASURER SIGNATURE: \_\_\_\_\_

Reimbursement \_\_\_\_\_

Check # \_\_\_\_\_