



# CWA LOCAL 1051

P.O. BOX 373

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

S. BOSTON, MA 02127

## MILEAGE CLAIM VOUCHER

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

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

REASON FOR TRAVEL: \_\_\_\_\_

\_\_\_\_\_

TRAVEL FROM CITY: \_\_\_\_\_ STATE \_\_\_\_\_

TRAVEL TO CITY: \_\_\_\_\_ STATE \_\_\_\_\_

ROUND TRIP MILEAGE: \_\_\_\_\_

IRS STANDARD MILEAGE RATE: \_\_\_\_\_ FOR YEAR: \_\_\_\_\_

TOTAL REIMBURSEMENT: \$ \_\_\_\_\_

I certify that the information provided is accurate to the best of my knowledge.

PAYEE SIGNATURE: \_\_\_\_\_

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

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

PROCESSED: \_\_\_\_\_ CHECK # \_\_\_\_\_