



CWA LOCAL 1051

P.O. BOX 373

444 EAST 3RD STREET

S. BOSTON, MA 02127

AB PAY REIMBURSEMENT

NAME: _____ DATE: _____

SSN: _____ PHONE #: _____

SCHEDULED WEEKLY HOURS: _____ GROSS HOURLY RATE: _____

CALO: YES NO

DIFFERENTIAL: YES NO

TOUR: DAY EVENING NIGHT

PAY REQUESTED:

DATE	HOURS	DUTIES PERFORMED
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL HOURS: _____ TOTAL REIMBURSEMENT: _____

I certify that the above hours were worked in the performance of duties for, or as a representative of, CWA Local 1051. I did not receive compensation from the company for any hours listed above, and all information on this form is accurate.

REQUESTOR SIGNATURE: _____

OFFICER SIGNATURE: _____

OFFICER SIGNATURE: _____

PROCESSED: _____ CHECK # _____