



CWA LOCAL 1051

P.O. BOX 373

444 EAST 3RD 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: _____

REQUESTOR SIGNATURE: _____

OFFICER SIGNATURE: _____

OFFICER SIGNATURE: _____

Processed _____

Check # _____