



CWA LOCAL 1051

P.O. BOX 373

444 EAST 3RD 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: _____ DATE OF TRAVEL _____

IRS STANDARD MILEAGE RATE: \$0.58 FOR YEAR: 2019

TOTAL REIMBURSEMENT: \$ _____

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

PAYEE SIGNATURE: _____

OFFICER SIGNATURE: _____

OFFICER SIGNATURE: _____

PROCESSED: _____ CHECK # _____