CWA LOCAL 4319 WAGE VOUCHER **CHECK NO. _____**

AMOUNT OF CHECK: _____

NAME: _____ DATE: _____

ADDRESS: _____

S.S. NO. _____ PAY RATE: _____ HR / WK (CIRCLE ONE)

DATE	HOURS	DATE	HOURS	DATE	HOURS	DATE	HOURS

_____ _____ _____

SIGNATURE **PRESIDENT** **TREASURER**

NATURE OF WORK FOR THE UNION