



Monthly Credit Card Expense Report

Submitted by: _____

Credit Card Receipts for the Month of: _____ are attached.

Itemized credit card expenditures being submitted for payment by CWA Local _____ are:

Receipt From: _____	For: _____	Amount: \$ _____	Purpose: _____
Receipt From: _____	For: _____	Amount: \$ _____	Purpose: _____
Receipt From: _____	For: _____	Amount: \$ _____	Purpose: _____
Receipt From: _____	For: _____	Amount: \$ _____	Purpose: _____
Receipt From: _____	For: _____	Amount: \$ _____	Purpose: _____
Receipt From: _____	For: _____	Amount: \$ _____	Purpose: _____
Receipt From: _____	For: _____	Amount: \$ _____	Purpose: _____
Receipt From: _____	For: _____	Amount: \$ _____	Purpose: _____
Receipt From: _____	For: _____	Amount: \$ _____	Purpose: _____
Receipt From: _____	For: _____	Amount: \$ _____	Purpose: _____
Receipt From: _____	For: _____	Amount: \$ _____	Purpose: _____
Receipt From: _____	For: _____	Amount: \$ _____	Purpose: _____
Receipt From: _____	For: _____	Amount: \$ _____	Purpose: _____

Total: \$ _____ *(This should equal total of credit card statement)*

This is to certify that these expenses were incurred on behalf of CWA.

Signature: _____ Title: _____ Date: _____

(Rev. 11/02)