



Local 2, OPEIU, AFL-CIO

8555 16th Street • Suite 550
Silver Spring, Maryland 20910
301-608-8080 301-608-2586 (fax)

EXPENSE VOUCHER

Name: _____ Employer: _____

Street Name _____ City _____ State _____ Zip Code _____ County _____

Telephone: _____ Fax: _____ Social Security No.: _____

Reason for Expense/Loss of Time: _____

Period Ending: _____ Hourly Rate of Pay: _____

Report Time in Increments of the Quarter Hour .25/.50/.75/1.00: _____

	DATE	HOURS
MONDAY	_____	_____
TUESDAY	_____	_____
WEDNESDAY	_____	_____
THURSDAY	_____	_____
FRIDAY	_____	_____
TOTAL =		_____

	DATE	HOURS
MONDAY	_____	_____
TUESDAY	_____	_____
WEDNESDAY	_____	_____
THURSDAY	_____	_____
FRIDAY	_____	_____
TOTAL =		_____

EXPENSES	
\$	DATE
TAXI FARE TOLLS*	_____
PARKING FEES*	_____
MILEAGE* (# miles)	_____
SUPPLIES*	_____
MISCELLANEOUS**	_____
PHONE CALLS*	_____
COMMENTS:	_____

INDICATE FEDERAL AND STATE WITHHOLDING REQUESTS

FEDERAL STATE: MD VA DC

(FICA/MEDICARE MANDATORY)

*PLEASE ATTACH RECEIPTS
**PLEASE DETAIL

Signed _____ Approved _____ Date _____
President/Staff Representative