



TPWU

P.O. BOX 227115
DALLAS, TX 75222-7115

MISCELLANEOUS EXPENSES

EMPLOYEE'S NAME (LAST, FIRST, MI.) SOCIAL SECURITY # DATE SUBMITTED

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TYPE OF EXPENSE

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
	\$ _____
	TOTAL

EMPLOYEE CERTIFICATION: I certify that any expenses claimed on this voucher were incurred while performing duties in the name of, and for the benefit of TPWU. The information on this voucher is true and correct to the best of my knowledge.

EMPLOYEE'S SIGNATURE

DATE

APPROVING SIGNATURE

DATE

_____ **APPROVED** _____ **DISAPPROVED**