

## **Instructions For Calculating and Submitting Reimbursement Requests to Human Rights Department**

To prepare a request for reimbursement by the Human Rights Department to a local, you will need to compile the documents as instructed below, calculate wages and expenses for vouchers, create a cover sheet, and assemble for submission to Chris Kennedy, Director.

All locals should submit required documentation ASAP and requests will not be paid after 90 days of the event.

**\*\* Important: All requests must be within the confines of the approved budget and pre-approved by Chris Kennedy\*\*\***

### **1. Compile documents to be submitted (in the following order)**

#### A. Requests regarding employees:

- ✓ Employee's completed voucher (please include exact dates on each column that wages or expenses were incurred and all other necessary information).  
**(See Attachment #1)**
- ✓ Copy of Employee's paycheck, pay stub, and/or any other required documents
- ✓ Legible copies of receipts – Prefer that receipts be glued or taped to full sheet of paper (multiple receipts can be put on a sheet of paper). Photocopied receipts are acceptable if you wish to keep the originals for your records.

### **2. Calculate wages and expenses for employee's vouchers – (Note: Some budgets are for wages only, no expenses)**

To calculate wages, FICA and expenses for vouchers, first multiply the wages (**before** deductions) times 7.65%, add this amount to the total wages, then add the entire amount of expenses being reimbursed to the employee.

Example:

Joe Smith had \$500.00 in lost wages, \$35.00 in meal reimbursements, and \$56.24 in mileage.

Step 1)	500.00
	<u>x .0765</u>
	38.25

Step 2)	500.00	
	<u>+ 38.25</u>	<~~~~(Total of wages x 7.65%)
	538.25	
Step 3)	538.25	
	<u>+91.24</u>	<~~~~(Expenses: 35.00 meals + 56.24 mileage = 91.24)
	<b>629.49</b>	<b>&lt;~~~~~(Amount to be requested for reimbursement to the local for Joe Smith)</b>

### 3. Create cover sheet - (See Attachment #2)

The cover sheet should be as follows:

- ✓ Memo or letter on the Local's letterhead containing the Local's name, address, phone, and fax number
- ✓ State which the work was done for (ex. Bank Workers Organizing)
- ✓ Date submitted
- ✓ Person submitting request
- ✓ List containing employee's name, wage, FICA (7.65%), and/or expenses.

### 4. Assemble packet as follows:

- ✓ Cover Sheet
- ✓ Employee packets (voucher, paycheck/pay stub, and/or copies of receipts)

**5. Mail contents of #4 to the address below...or...scan into a .pdf file and email the contents of #4 to BOTH Chris Kennedy at [ckennedy@cwa-union.org](mailto:ckennedy@cwa-union.org) and to Joseph McCue at [jmccue@cwa-union.org](mailto:jmccue@cwa-union.org)**

- ✓ Communications Workers of America
- ✓ 501 Third Street, NW
- ✓ 11<sup>th</sup> Floor
- ✓ Washington, DC 20001
- ✓
- ✓ ATTN: Chris Kennedy/ Leah Francis

Attachment #1

## LOCAL EXPENSE VOUCHER COMMUNICATIONS WORKERS OF AMERICA

Local # \_\_\_\_\_

No. \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_

Social Security

Address \_\_\_\_\_ or Unemployment Tax # \_\_\_\_\_

Exemptions \_\_\_\_\_

For Use of Local  
Sec/Treas

ITEMS	SUN	MON	TUES	WED	THURS	FRI	SAT	TOTAL
TRANSPORTATION								
HOTEL ROOM								
MEALS								
SALARY								
TEL. & TEL.								
MISCELLANEOUS								

Attach necessary receipts – Explain reason for expense – Use reverse side of form, if necessary: \_\_\_\_\_

\_\_\_\_\_  
This is to certify that amounts shown on this statement were incurred by me on behalf of C.W.A.

Signature \_\_\_\_\_ Signature \_\_\_\_\_ Paid by Check No. \_\_\_\_\_  
Expense Incurred By Approved By

**Attachment #2**

**Communications  
Workers of America  
Local 0000  
AFL-CIO, CLC**

1234 Union Avenue  
Anywhere, WA 21000  
303-555-5555-Phone  
303-555-5555-Fax

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TO: CWA District 6 Office

FROM: Sue Jones, Secretary/Treasurer

DATE: June 8, 2004

RE: Local 0000 Request for Reimbursement- Bank Workers Organizing

Attached is a reimbursement request from Local 0000. I have checked the backup documentation and it is in order.

Please reimburse the following:

Employee's Name	Local's Check Number	Employee's Wages	Reimbursement for Withholdings	Expenses	Total
Joe Smith	9196	500.00	38.25	91.24	629.49
Scott Jones	9197	275.00	21.03	54.00	350.03
Cindy Montoya	9198	325.00	24.86	15.58	365.44
Albert Turner	9199	125.00	9.56		134.56
TOTAL					1479.52

Please let me know if you need more information to process this request.

opeiu5/afl-cio

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