
LABOR WALK, PHONE BANK VOUCHER FORM



FORM MUST BE COMPLETE TO QUALIFY FOR PAYMENT

| | |
|--------------------------|--|
| Name | |
| Address | |
| | |
| | |
| Telephone | |
| Email Address | |
| Social Security # | <i>(Substitute W-9 information – 1099 to be filed for earnings exceeding \$600.00)</i> |

Check which activity you participated in: Labor Walk Phone Bank

County CLC Location: _____

Date of Activity: _____

Time: _____

Local: _____

APPROVAL

Labor Volunteer Signature: _____

Date: _____

CLC Representative Signature: _____

Date: _____

Please return this form to HP AE, 110 Kinderkamack Road, Emerson, NJ 07630, ATTN: Barbara Rosen, Secretary-Treasurer, Fax to 201-262-4335 or scan/email to brosen@hpae.org.