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**LABOR WALK, PHONE BANK VOUCHER FORM**

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**FORM MUST BE COMPLETE TO QUALIFY FOR PAYMENT**

<b>Name</b>	
<b>Address</b>	
<b>Telephone</b>	
<b>Email Address</b>	
<b>Social Security #</b>	<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**

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**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.*