HPAE

Labor Walk Voucher Form

Form must be complete to qualify for payment

Name	
Address	
Telephone	
Email Address	
Social Security #	*(Substitute W-9 information – 1099 to be filed for earnings exceeding $600.00)*

Date of Labor Walk: _____ Time: _____ Local: _____

Assignment:_____

Signature: _____Date: _____

Approved by: _____Date:_____

Please return this form to HPAE, 110 Kinderkamack Road, Emerson, NJ 07630, ATTN: Barbara Rosen, Secretary-Treasurer.