

National Association of Letter Carriers
Branch 3825 Rockville, Maryland
Wages Voucher

Date _____

Pay to: _____

Signature _____

Wages are for and date(s) worked. Date(s) _____ to _____

Total number of hours: _____

Payment Authorized: Branch President/Sec-Treasurer,

Name Signature Date

Name Signature Date

For Office Use Only

Check #: _____ FED TX: _____ SOC SEC: _____

Date Paid: _____ STATE TX: _____