



Established May 30, 1899

# Indiana State Association of Letter Carriers, AFL-CIO

## Payroll Voucher

Fill out the top half, then submit to Chairperson of the Executive Board.

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_  
Please Print

Address: \_\_\_\_\_

\_\_\_\_\_ Soc. Sec. Number: \_\_\_\_\_

Date(s)	Event	Hours
_____	_____	_____
_____	_____	_____

\_\_\_\_\_ Signature \_\_\_\_\_ Date

**This area to be completed by the Chairperson of the Executive Board.**

Federal WH Rate: \_\_\_\_\_ State WH Rate: \_\_\_\_\_ SS Rate: \_\_\_\_\_ Medicare Rate: \_\_\_\_\_

Additional Federal Withholding: \_\_\_\_\_ Additional State Withholding: \_\_\_\_\_

### WAGES

### DEDUCTIONS

Annual Wage: \_\_\_\_\_

Federal Withholding: \_\_\_\_\_

Total Hours: \_\_\_\_\_

State Withholding: \_\_\_\_\_

Hourly Rate: \_\_\_\_\_

Social Security: \_\_\_\_\_

Hourly Wages: \_\_\_\_\_

Medicare: \_\_\_\_\_

**Total Wages:** \_\_\_\_\_

**Total Deductions:** \_\_\_\_\_

**Net Pay:** \_\_\_\_\_

The Treasurer of the ISALC will please make payment as stipulated above.

\_\_\_\_\_  
Signature of Chairperson of Executive Board Date

\_\_\_\_\_  
Voucher #

\_\_\_\_\_  
Check #

\_\_\_\_\_  
Check Date

\_\_\_\_\_  
Signature of ISALC President Date

\_\_\_\_\_  
Signature of ISALC Secretary

\_\_\_\_\_  
Date