



IATSE Local 798
70 West 36th Street, Suite 4A
New York, NY 10018
Fax 212-627-0664

Secretarytreasurer@local798.net

Local Payroll Voucher (UAN)

Name	
Address	
City, ST & Zip	
Company	
Title	

Social Security	xxx-xx-
Single	
Married	
Exemptions	

Day	Date	Hours	Wages	Reason for Wages	Budget
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sub Total					
Pay Period End					

Hourly Wage	
Weekly Wage	
Differential	

Hours	
Per Diem	

Date:

Signature: This is to certify that the amounts shown on this statement were incurred by me on behalf of IATSE Local 798.

Total

Approved By: