

AMERICAN POSTAL WORKERS UNION, AFL-CIO
EXPENSE VOUCHER
FOR DESIGNATED REPRESENTATIVES

\*\*\*\*\* ATTACH ALL RECEIPTS \*\*\*\*\*

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_

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

Authorized By: \_\_\_\_\_ Assignment Dates: \_\_\_\_\_

Assignment Purpose: \_\_\_\_\_

Grievance Case Numbers: \_\_\_\_\_

EXPENSE DETAIL

Check ( ) if original Receipts Are Attached

Lodging | Hotel: Number of Days: \_\_\_\_\_ Daily Rate: \$ \_\_\_\_\_
Meals included in Hotel Bill: \_\_\_\_\_
Phone Charges on Hotel Bill: \_\_\_\_\_
Other Hotel Charges (Explain): \_\_\_\_\_
Total Hotel Charges \$

Other Meal Expense (Meals w / Receipts Not Included On Hotel Bill) \$

Transportation: From \_\_\_\_\_ To \_\_\_\_\_
Auto: Number of Miles \_\_\_\_\_ At \_\_\_\_\_ cents per mile
Plane: \_\_\_\_\_ Other (Explain) \_\_\_\_\_
Total Transportation \$

Miscellaneous Expense: (List) \$
Total Miscellaneous Expense \$

TOTAL EXPENSE \$

LWOP: (Note: 3971's Must Be Attached) All LWOP Subject to Payroll Taxes

Dates of \_\_\_\_\_ Number of Hours \_\_\_\_\_
USPS Level / Step \_\_\_\_\_ Hourly Rate \$ \_\_\_\_\_
Number of Hours of: Night Differential \_\_\_\_\_ Sunday Premium \_\_\_\_\_
TOTAL LWOP \$

TOTAL EXPENSES & LWOP OF TRIP \$

Less Amount Advanced \$

Signature of Person Submitting Voucher / Date Amount of Reimbursement \$

Authorizing Signature / Date

Date Check Issued // Check Number