

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

(Updated January 3, 2024)

ATTACH ALL ORIGINAL RECEIPTS TO A SEPARATE SHEET OF PAPER

NAME: _____ **PHONE #:** _____

LAST 4 DIGITS OF SS#: _____

E-MAIL ADDRESS: _____

HOME ADDRESS: _____

CHANGE OF ADDRESS STREET CITY STATE ZIP CODE

REGIONAL AUTHORIZATION

CENTRAL EASTERN NORTHEAST SOUTHERN WESTERN

NATIONAL AUTHORIZATION

CLK MNT MVS

OTHER: _____

ASSIGNMENT INFORMATION

DATES: FROM _____ TO _____

LOCATION ADDRESS: _____

AUTHORIZED BY: _____

NAME OF INDIVIDUAL _____

DESCRIBE IN DETAIL: _____

NON-ARBITRATION ASSIGNMENT

SAFETY & HLTH BMC LVM MTG STEP 3 TRAINING

POWER CLUW BPI MAINT STAFFING RI 399

OTHER: _____

ARBITRATION ASSIGNMENT

ARBITRATION CASE NO: _____

HEARING: YES NO
CANCEL:
PRE ARB:

CASE # MANDATORY FOR REIMBURSEMENT OF ARB PREP &/OR HEARING

EXPENSE DETAILS ON BACK

AMERICAN POSTAL WORKERS UNION, AFL-CIO		1/3/2024
EXPENSE VOUCHER FOR DESIGNATED REPRESENTATIVES/ COMMITTEE MEMBERS		
NAME: _____		
EXPENSE DETAIL		
ORIGINAL RECEIPTS REQUIRED		
LODGING:	# OF NIGHTS: _____ @ _____ PER NIGHT _____ <div style="text-align: right; margin-right: 100px;">ROOM & TAX</div> HOTEL MEALS: (ITEMIZED RECEIPTS REQUIRED) _____ HOTEL TELEPHONE CHARGES: _____ OTHER HOTEL CHARGES: (EXPLAIN) _____ _____ _____	
LODGING TOTAL		
MEALS:	MEAL EXPENSES (ITEMIZED RECEIPTS REQUIRED)	TOTAL
TRANSPORTATION: *	FROM: _____ TO: _____	
ALL AIRFARE AND AIREFARE EXCHANGE FEES ARE DONE THROUGH THE AXIOM TRAVEL MASTER ACCOUNT		
PARKING:	CABS: _____ RENTAL CAR : _____	
	PERSONAL AUTO: _____ # OF MILES: _____ @67 cents/mile <small>*****Cost comparison required if driving more than 4 hrs each way (Effective 1/1/24)</small> <small>*****Complete addresses required for mileage reimbursement</small>	
TOTAL TRANSPORTATION		
MISCELLANEOUS EXPENSES:		
TIPS:	SKYCAP: _____ VALET: _____ HOUSEKEEPER: _____ CAB: _____ OTHER: _____ EXPLANATION: _____ _____ _____	
EXPENSE GROSS TOTAL		
ARBITRATION ASSIGNMENT - COMPENSATION		
PREP DATE (S):	_____	
HEARING DATE (S):	_____	
NUMBER OF HOURS:	_____ @ 45.4729 (EFFECTIVE 11/18/2023)	
GROSS TOTAL		
NON-ARBITRATION ASSIGNMENT - COMPENSATION		
BEGIN DATE:	_____ USPS LEVEL/STEP: _____	
END DATE:	_____	
NUMBER OF HOURS REGULAR:	_____ @ _____ PER HOUR	
NUMBER OF HOURS NIGHT DIFFERENTIAL :	_____ @ _____ PER HOUR	
NUMBER OF HOURS SUNDAY PREMIUM :	_____ @ _____ PER HOUR	
GROSS TOTAL		
EXPENSES & COMPENSATION - GRAND TOTAL		

