

**AMERICAN POSTAL WORKERS UNION, AFL-CIO  
EXPENSE VOUCHER FOR NATIONAL OFFICERS AND STAFF  
(Updated January 22, 2025)**

<b>Name:</b> _____		<b>Regional Authorization:</b> <input type="checkbox"/> Central <input type="checkbox"/> Eastern <input type="checkbox"/> Northeast <input type="checkbox"/> Southern <input type="checkbox"/> Western	
<b>National Authorization:</b> <input type="checkbox"/> Clerk <input type="checkbox"/> Maint <input type="checkbox"/> MVS <input type="checkbox"/> Other: _____		<b>Authorized by:</b> _____	
<b>Assignment Information:</b>	<b>Date(s):</b> From: _____ To: _____	<b>Location:</b> _____	
<b>Describe the assignment in detail:</b> _____			
<b>Arbitration Assignment</b>	<b>Arbitration case #:</b> _____	<b>Was there a hearing:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Cancellation <input type="checkbox"/> Settlement	
<b>Non Arbitration Assignment:</b> <input type="checkbox"/> Article 12 Excessing <input type="checkbox"/> BPI <input type="checkbox"/> Training <input type="checkbox"/> Safety & Health <input type="checkbox"/> Maint. Staffing <input type="checkbox"/> Organizing <input type="checkbox"/> Intervention <input type="checkbox"/> RI 399 <input type="checkbox"/> State Convention <input type="checkbox"/> Step 3 Meeting <input type="checkbox"/> Training <input type="checkbox"/> Other: _____			

**EXPENSE DETAIL (ORIGINAL RECEIPTS REQUIRED)**

Lodging			
<b>Number of nights:</b> _____	at	_____	= _____
(enter # of nights)		(enter rate, including taxes)	
<b>Hotel meals total</b> (itemized receipts required):			= _____
<b>Other hotel charges</b> (explain in detail below):			= _____
<b>TOTAL LODGING:</b>			= _____
Meals			
<b>Other meals total</b> (itemized receipts required):			= _____
<b>TOTAL MEALS:</b>			= _____

**TRANSPORTATION DETAIL (RECEIPTS REQUIRED)**

Airfare			
<b>Traveling From:</b> _____	<b>Traveling To:</b> _____	<input type="checkbox"/> Roundtrip	<input type="checkbox"/> One-way
<b>Airfare total</b> (including taxes and surcharges):			= _____
<b>Airfare exchange fee, if applicable</b> (use space provided below for explanation):			= _____
<b>TOTAL AIRFARE:</b>			= _____
Rental Car			
<b>Rental car total</b> (including taxes and surcharges):			= _____
<b>Gasoline total:</b>			= _____
<b>TOTAL RENTAL CAR:</b>			= _____
Personal Automobile			
Complete address required for mileage reimbursement. Please complete the attached mileage log if reimbursement for mileage from the use of a personal automobile is being requested. The completed information from the attached mileage log will automatically be copied into the section below. Cost comparison required if driving more than four (4) hours each way.			
<b>Total miles driven:</b> _____	0	reimbursed at a rate of \$0.70/mile	= _____
<b>TOTAL MILEAGE REIMBURSEMENT</b>			= _____

**MISCELLANEOUS EXPENSES**

Tips			
<b>Cabs:</b> _____	<b>Room Service:</b> _____	<b>Valet:</b> _____	
<b>Sky Cap:</b> _____	<b>Bellhop:</b> _____	<b>Housekeeper:</b> _____	
<b>TOTAL TIPS:</b>			= _____
Other			
<b>Total other expenses</b> (use space provided below for explanation): _____			
<b>TOTAL OTHER:</b>			= _____

**TOTAL ASSIGNMENT EXPENSES:** = \_\_\_\_\_

<b>Signature:</b> _____	<b>Date:</b> _____
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**For Accounting Use Only:**

<b>Processed on:</b> _____	<b>Processed by:</b> _____	<b>Comments:</b> _____
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