

AMERICAN POSTAL WORKERS UNION, AFL-CIO
EXPENSE VOUCHER FOR NATIONAL OFFICERS AND STAFF
 (Updated January 3, 2024)

Name: _____		Regional Authorization: <input type="checkbox"/> Central <input type="checkbox"/> Eastern <input type="checkbox"/> Northeast <input type="checkbox"/> Southern <input type="checkbox"/> Western	
National Authorization: <input type="checkbox"/> Clerk <input type="checkbox"/> Maint <input type="checkbox"/> MVS <input type="checkbox"/> Other: _____		Authorized by: _____	
Assignment Information:	Date(s): From: _____ To: _____	Location: _____	
Describe the assignment in detail: _____ _____			
Arbitration Assignment	Arbitration case #: _____	Was there a hearing: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Cancellation <input type="checkbox"/> Settlement	
Non Arbitration Assignment: <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			
Number of nights: _____	at	_____	= _____
(enter # of nights)		(enter rate, including taxes)	
Hotel meals total (itemized receipts required):			= _____
Other hotel charges (explain in detail below):			= _____
TOTAL LODGING:			= _____
Meals			
Other meals total (itemized receipts required):			= _____
Business meal expense total (itemized receipts required):			= _____
Guest names and titles (use space provided below): _____ _____			
Name and address of restaurant (use space provided below): _____ _____			
Business purpose (use space provided below): _____ _____			
TOTAL MEALS:			= _____

TRANSPORTATION DETAIL (RECEIPTS REQUIRED)

Airfare			
Traveling From: _____	Traveling To: _____	<input type="checkbox"/> Roundtrip	<input type="checkbox"/> One-way
Airfare total (including taxes and surcharges):			= _____
Airfare exchange fee, if applicable (use space provided below for explanation):			= _____
TOTAL AIRFARE:			= _____
Rental Car			
Rental car total (including taxes and surcharges):			= _____
Gasoline total:			= _____
TOTAL RENTAL CAR:			= _____
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.			
Total miles driven: _____	0	reimbursed at a rate of \$0.67/mile	= _____
TOTAL MILEAGE REIMBURSEMENT			= _____

MISCELLANEOUS EXPENSES

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

TOTAL ASSIGNMENT EXPENSES: = _____

Signature: _____	Date: _____
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For Accounting Use Only:

Processed on: _____	Processed by: _____	Comments: _____
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Signature:

Date: