

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

*(Updated September 18, 2025)*

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 L/M 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		9/18/2025
EXPENSE VOUCHER FOR DESIGNATED REPRESENTATIVES/ COMMITTEE MEMBERS		
NAME: _____		
EXPENSE DETAIL ORIGINAL RECEIPTS REQUIRED		
LODGING:	# OF NIGHTS: _____ @ _____ PER NIGHT _____ ROOM & TAX _____ 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: _____ @ 70 cents/mile *****Cost comparison required if driving more than 4 hrs each way (Effective 1/1/25) *****Complete addresses required for mileage reimbursement		
TOTAL TRANSPORTATION		
MISCELLANEOUS EXPENSES:		
TIPS:	SKYCAP: _____ VALET: _____ HOUSEKEEPER: _____ CAB: _____	
OTHER:	_____	
EXPLANATION	_____ _____ _____	
EXPENSE GROSS TOTAL		
ARBITRATION ASSIGNMENT - COMPENSATION		
PREP DATE (\$):	_____	
HEARING DATE (\$):	_____	
NUMBER OF HOURS:	_____ @ \$47.2920 (EFFECTIVE 9/18/2025)	
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		

## American Postal Workers Union, AFL-CIO

### Mileage Log (Updated 1/2/25)

Name: \_\_\_\_\_

**Trip Dates:** From: \_\_\_\_\_  
To: \_\_\_\_\_

**Location:** \_\_\_\_\_

[illegible]

**I hereby certify that the above is a true statement of travel expenses incurred by me.**

**Signature:**

Date: