

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

*(Updated January 5, 2026)*

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 ☐ LIM 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		1/5/2026
EXPENSE VOUCHER FOR DESIGNATED REPRESENTATIVES/ COMMITTEE MEMBERS		
NAME: _____		
<b>EXPENSE DETAIL</b>		
<b>ORIGINAL RECEIPTS REQUIRED</b>		
<b>LODGING:</b> # OF NIGHTS: _____ @ _____ PER NIGHT _____		
ROOM & TAX _____		
HOTEL MEALS: (ITEMIZED RECEIPTS REQUIRED) _____		
HOTEL TELEPHONE CHARGES: _____		
OTHER HOTEL CHARGES: (EXPLAIN) _____		
_____		
_____		
<b>LODGING TOTAL</b>		
<b>MEALS:</b> MEAL EXPENSES (ITEMIZED RECEIPTS REQUIRED) TOTAL		
<b>TRANSPORTATION: *</b> FROM: _____ TO: _____		
ALL AIRFARE AND AIREFARE EXCHANGE FEES ARE DONE THROUGH THE AXIOM TRAVEL MASTER ACCOUNT		
PARKING: _____ CABS: _____ RENTAL CAR : _____		
PERSONAL AUTO: _____ # OF MILES: _____ @ 725 cents/mile		
*****Cost comparison required if driving more than 4 hrs each way (Effective 1/1/26)		
*****Complete addresses required for mileage reimbursement		
<b>TOTAL TRANSPORTATION</b>		
<b>MISCELLANEOUS EXPENSES:</b>		
TIPS: SKYCAP: _____ VALET: _____		
HOUSEKEEPER: _____ CAB: _____		
OTHER: _____		
EXPLANATION _____		
_____		
<b>EXPENSE GROSS TOTAL</b>		
<b>ARBITRATION ASSIGNMENT - COMPENSATION</b>		
PREP DATE (S): _____		
HEARING DATE (S): _____		
NUMBER OF HOURS: _____ @ \$47.2920 (EFFECTIVE 9/18/2025)		
<b>GROSS TOTAL</b>		
<b>NON-ARBITRATION ASSIGNMENT - COMPENSATION</b>		
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		
<b>GROSS TOTAL</b>		
<b>EXPENSES &amp; COMPENSATION - GRAND TOTAL</b>		

**American Postal Workers Union, AFL-CIO**  
**Mileage Log (Updated 1/5/26)**

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

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

**Trip Dates.** To: \_\_\_\_\_

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

[illegible]

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

**Signature:**

Date: