

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 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
EXPENSE VOUCHER FOR DESIGNATED REPRESENTATIVES/ COMMITTEE MEMBERS

1/5/2026

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: _____ @ 725 cents/mile

*****Cost comparison required if driving more than 4 hrs each way

(Effective 1/1/26)

*****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 (S): _____

HEARING DATE (S): _____

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 1/5/26)

Name:

Trip Dates: **From:** _____
To: _____

Location: _____

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

Signature: _____ **Date:** _____