

AMERICAN POSTAL WORKERS UNION, AFL-CIO
EXPENSE VOUCHER FOR NATIONAL OFFICERS AND STAFF
(Updated January 5, 2026)

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):			=
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: _____	reimbursed at a rate of \$0.725/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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American Postal Workers Union, AFL-CIO

Mileage Log (Updated 1/5/26)

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: