

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: _____

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

Signature: _____ **Date:** _____