

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

*(Updated January 8, 2019)*

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**

OTHER: \_\_\_\_\_  
CLK  MNT  MVS

**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

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: \_\_\_\_\_ 0 @ 58 cents/mile  
(Effective 1/1/18)

\*\*\*\*\*Cost comparison required if driving more than 4 hrs each way  
 \*\*\*\*\*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: \_\_\_\_\_ 0 @ 37.9629 (EFFECTIVE 11/25/17)

**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**

Name:

Trip Dates: From: To:  
Location:

Date	Purpose	From (complete address required)				To (complete address required)				Odometer		Total mileage	Reimbursable amount
		Street	City	State	Zip	Street	City	State	Zip	Start	Finish		
TOTAL MILEAGE REIMBURSEMENT													

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

Signature:	Date:
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