

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

*(Updated January 1, 2021)*

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  LHM 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		1/1/2021
EXPENSE VOUCHER FOR DESIGNATED REPRESENTATIVES/ COMMITTEE MEMBERS		
NAME: _____		
<b>EXPENSE DETAIL</b>		
<b>ORIGINAL RECEIPTS REQUIRED</b>		
LODGING:	# 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>	<b>MEAL EXPENSES (ITEMIZED RECEIPTS REQUIRED)</b>	<b>TOTAL</b>
<b>TRANSPORTATION: *</b>	FROM: _____	TO: _____
ALL AIRFARE AND AIREFARE EXCHANGE FEES ARE DONE THROUGH THE AXIOM TRAVEL MASTER ACCOUNT		
<b>PARKING:</b>	<b>CABS:</b>	<b>RENTAL CAR :</b>
	<b>PERSONAL AUTO:</b>	<b># OF MILES:</b> _____ <b>@56 cents/mile</b>
	*****Cost comparison required if driving more than 4 hrs each way (Effective 1/1/21)	
	*****Complete addresses required for mileage reimbursement	
	<b>TOTAL TRANSPORTATION</b>	
<b>MISCELLANEOUS EXPENSES:</b>		
<b>TIPS:</b>	<b>SKYCAP:</b> _____	<b>VALET:</b> _____
	<b>HOUSEKEEPER:</b> _____	<b>CAB:</b> _____
<b>OTHER:</b>	_____	
<b>EXPLANATION</b>	_____	
	_____	
	<b>EXPENSE GROSS TOTAL</b>	
<b>ARBITRATION ASSIGNMENT - COMPENSATION</b>		
<b>PREP DATE (S):</b>	_____	
<b>HEARING DATE (S):</b>	_____	
<b>NUMBER OF HOURS:</b>	0	@ 40.3355 (EFFECTIVE 11/21/2020)
	<b>GROSS TOTAL</b>	
<b>NON-ARBITRATION ASSIGNMENT - COMPENSATION</b>		
<b>BEGIN DATE:</b>	_____	<b>USPS LEVEL/STEP:</b> _____
<b>END DATE:</b>	_____	
<b>NUMBER OF HOURS REGULAR:</b>	_____	@ _____ PER HOUR
<b>NUMBER OF HOURS NIGHT DIFFERENTIAL :</b>	_____	@ _____ PER HOUR
<b>NUMBER OF HOURS SUNDAY PREMIUM :</b>	_____	@ _____ PER HOUR
	<b>GROSS TOTAL</b>	
<b>EXPENSES &amp; COMPENSATION - GRAND TOTAL</b>		

