

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

(Updated January 2, 2025)

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: _____
DESCRIBE IN DETAIL: NAME OF INDIVIDUAL _____

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:** _____ **@ 70 cents/mile**
(Effective 1/1/25)

*****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: _____ **@ 45.4729** **(EFFECTIVE 11/18/2023)**

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

