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

	(Upa	lated January 2, 2	2025)									
ATTA			PARATE SHEET OF PARATE	APER								
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								
	N.A	TIONAL AUTH	ORIZATION									
	CLK	MNT	MVS									
OTHER:					-							
	AS	SIGNMENT INF	ORMATION									
DATES:	FROM		то		_							
LOCATION ADDRESS:					_							
AUTUODITED DV					-							
AUTHORIZED BY:					-							
DESCRIBE IN DETAIL:	NAME OF INDIVIDUAL											
					- -							
					-							
					-							
					•							
	NON-	ARBITRATION	ASSIGNMENT									
SAFETY & HLTH	ВМС	L\M MTG	STEP 3	TRAINING								
POWER	CLUW	BPI	MAINT STAFFING	RI 399								
OTHER:					-							
	AR	BITRATION AS	SSIGNMENT									
			HEARING:	YES	NO							
ARBITRATION CASE NO:			CANCEL:									
			PRE ARB:									
	CASE # MANDATORY	FOR REIMBURSEMENT C	OF ARB PREP &/OR HEARIN	IG								
	EXP	ENSE DETAILS ON I	BACK									

AMERICAN POSTAL WORKERS UNION, AFL-CIO EXPENSE VOUCHER FOR DESIGNATED REPRESENTATIVES/ COMMITTEE MEMBERS NAME:									
EXPENSE DETAIL ORIGINAL RECEIPTS REQUIRED									
LODGING:	# OF NIGHTS:	@		PER NIGHT					
		HOTEL MEALS: (ITEMIZ	ZED RECEIPTS I						
		HOTEL TELEPHONE C	HARGES:						
		OTHER HOTEL CHARG	GES: (EXPLAIN)						
					LODGING TOTAL				
MEALS:	MEAL EXPENSES (ITEMIZED RECEIPTS	S REQUIRED)		TOTAL				
TRANSPORTAT	ΓΙΟΝ: *	FROM:		TO:					
ALL AIRFARE AND) AIREFARE EXCHANGI	E FEES ARE DONE THRO	OUGH THE AXIO	M TRAVEL MASTER A	ACCOUNT				
ALL AIRFARE AND AIREFARE EXCHANGE FEES ARE DONE THROUGH THE AXIOM TRAVEL MASTER ACCOUNT PARKING: RENTAL CAR:									
******Cost compari	son required if driving (PERSONAL AUTO:	# OF MIL	ES:	@ 70 cents/mile (Effective 1/1/25)				
******Complete add	dresses required for mil	eage reimbursement	,	TOTAL TR	RANSPORTATION				
MISCELLANEO	US EXPENSES:								
	SKYCAP:		VALET	:					
OTHER: EXPLANATION:	HOUSEKEEPER:	<u> </u>	CAB:		_				
LAF LANATION.									
					EXPENSE GROSS TOTAL				
ARBITRATION A	ASSIGNMENT - COM	MPENSATION							
PREP DATE (\$	S):								
HEARING DAT	ΓE (S):								
NUMBER OF I	HOURS:		@ 45.4729	(EFFECTIVE 11/18	/2023)				
					GROSS TOTAL				
NON-ARBITRAT	TION ASSIGNMENT	- COMPENSATION							
BEGIN DATE:			USP	S LEVEL/STEP:					
END DATE:									
NUMBER OF HOU	RS REGULAR:	@		PER HOUR					
NUMBER OF HOU	RS NIGHT DIFFERENTI	<u>AL:</u> @@		PER HOUR					
NUMBER OF HOU	RS SUNDAY PREMIUM	@		PER HOUR					
					GROSS TOTAL				
		EXP	ENSES & CON	MPENSATION - GR	AND TOTAL				

American Postal Workers Union, AFL-CIO Mileage Log (Updated 1/2/25)

Total mileage Reimbursable amount

Name:					IV	illeage Log (C	puateu	1/2/2	25)		
Trip Dates:	From:										
•	To:										
Location:											
Date	Purpose	From (comple	ete address	s requir	red)	To (complet	e address ı	equire	ed)	Odor	neter
Date	Purpose	From (comple Street	ete address City	s requir State	ed) Zip	To (complete Street		equire State	_	Odor Start	meter Finish
Date	Purpose	•			•	` .			_		1
Date	Purpose	•			•	` .			_		1

	Street	City	State	Zıp	Street	City	State	Zıp	Start	Finish	
_											
							тот	AL MILEA	AGE REIMBU	JRSEMENT	

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

Signature:	Date: