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

(Updated January 3, 2022)

ATTACH ALL ORIGINAL RECEIPTS TO A SEPARATE SHEET OF PAPER

<table>
<thead>
<tr>
<th>NAME:</th>
<th>PHONE #:</th>
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<tbody>
<tr>
<td>LAST 4 DIGITS OF SS#:</td>
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<tr>
<td>E-MAIL ADDRESS:</td>
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<tr>
<td>HOME ADDRESS:</td>
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<thead>
<tr>
<th>CHANGE OF ADDRESS</th>
<th>STREET</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
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## REGIONAL AUTHORIZATION

- CENTRAL
- EASTERN
- NORTHEAST
- SOUTHERN
- WESTERN

## NATIONAL AUTHORIZATION

- CLK
- MNT
- MVS
- OTHER:

## ASSIGNMENT INFORMATION

### DATES:
FROM TO

### LOCATION ADDRESS:

### AUTHORIZED BY:

### DESCRIBE IN DETAIL:

### NON-ARBITRATION ASSIGNMENT

<table>
<thead>
<tr>
<th>SAFETY &amp; HLTH</th>
<th>BMC</th>
<th>L\M MTG</th>
<th>STEP 3</th>
<th>TRAINING</th>
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<tbody>
<tr>
<td>POWER</td>
<td>CLUW</td>
<td>BPI</td>
<td>MAINT STAFFING</td>
<td>RI 399</td>
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<tr>
<td>OTHER:</td>
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### ARBITRATION ASSIGNMENT

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<tr>
<th>ARBITRATION CASE NO:</th>
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<tr>
<td>HEARING: YES NO</td>
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<tr>
<td>CANCEL:</td>
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<tr>
<td>PRE ARB:</td>
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CASE # MANDATORY FOR REIMBURSEMENT OF ARB PREP &/OR HEARING

EXPENSE DETAILS ON BACK
## Expense Voucher for Designated Representatives/Committee Members

<table>
<thead>
<tr>
<th>Name:</th>
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<tbody>
<tr>
<td><strong>Expense Detail</strong></td>
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### Original Receipts Required

- **Lodging:**
  - 
  - # of nights: 
  - @ per night: 
  - Room & Tax: 
  - Hotel Meals: (itemized receipts required) 
  - Hotel Telephone Charges: 
  - Other Hotel Charges: (explain) 

### 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: 
  - @58.5 cents/mile 

*Cost comparison required if driving more than 4 hrs each way (effective 1/1/22) 
Complete addresses required for mileage reimbursement*

### 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 @ 41.4658 (effective 08/28/2021)

### 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: 

### Expenses & Compensation - Grand Total

---

Note: All fields marked with an asterisk (*) are required. 
references: 
41.4658 (effective 08/28/2021)
# Mileage Log

**American Postal Workers Union, AFL-CIO**

<table>
<thead>
<tr>
<th>Date</th>
<th>Purpose</th>
<th>From (complete address required)</th>
<th>To (complete address required)</th>
<th>Odometer</th>
<th>Total mileage</th>
<th>Reimbursable amount</th>
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<tbody>
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<td>City</td>
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<td>Zip</td>
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**TOTAL MILEAGE REIMBURSEMENT**

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

Signature: ___________________________ Date: ___________________________

Accepted: ___________________________ Date: ___________________________