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

ATTACH ALL ORIGINAL RECEIPTS TO A SEPARATE SHEET OF PAPER  NAME:	(Updated January 3, 2024)											
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: LOCATION ADDRESS: AUTHORIZED BY: DESCRIBE IN DETAIL:  NON-ARBITRATION ASSIGNMENT	ATTA	CH ALL ORIGINAL	RECEIPTS TO A SE	PARATE SHEET OF PARATE	APER							
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HOME ADDRESS:  CHANGE OF ADDRESS STREET  STREET  STREET  STREET  CITY  STATE  ZIP CODE  REGIONAL AUTHORIZATION  CENTRAL  BASTERN  NORTHEAST  SOUTHERN  WESTERN  NATIONAL AUTHORIZATION  CLK  MINT  MVS  OTHER:  ASSIGNMENT INFORMATION  FROM  TO  DATES: LOCATION ADDRESS:  AUTHORIZED BY:  DESCRIBE IN DETAIL:  NAME OF INDIVIDUAL  NON-ARBITRATION ASSIGNMENT	LAST 4 DIGITS OF SS#	!: <u> </u>										
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HEARING: — ARBITRATION CASE NO: CANCEL: — —	APRITRATION CASE NO.											
PRE ARB:	ARBITRATION CASE NO.											
CASE # MANDATORY FOR REIMBURSEMENT OF ARB PREP &/OR HEARING		CASE # MANDATORY F	FOR REIMBURSEMENT (	OF ARB PREP &/OR HEARIN	IG							
EXPENSE DETAILS ON BACK		EXP	ENSE DETAILS ON	BACK								

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: (B67 centralmile  """"Cost comparison required if driving more than 4 hrs each way (Efficience VIDS)  """""Complete addresses required for mileage reinhursement TOTAL TRANSPORTATION  MISCELLANEOUS EXPENSES: TIPS: SKYCAP: VALET:   HOUSEKEEPER:   OTHER:   EXPLANATION    ARBITRATION ASSIGNMENT - COMPENSATION   PREP DATE (S):   HEARING DATE (S):   NUMBER OF HOURS:	EXPENSE VOU	AMERICAN CHER FOR DESIGNATE		ERS UNION, AFL-CIO TIVES/ COMMITTEE M	EMBERS	1/3/2024
LODGING: # OF NIGHTS: # PER NIGHT    PER NIGHT			EXPENSE	DETAIL		
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NUMBER OF HOURS SUNDAY PREMIUM : @ PER HOUR  GROSS TOTAL	NUMBER OF HOURS NIGHT DIFFERENT					
GROSS TOTAL						
EXPENSES & COMPENSATION - GRAND TOTAL				<del>-</del>	GROSS TOTAL	
		FYI	PENSES & CO	MPENSATION - GR	AND TOTAL	

## American Postal Workers Union, AFL-CIO Mileage Log (Updated 1/3/24)

Name:		
Trip Dates:	From:	
	To:	
Location:		

Date	Purpose	From (complete address required) To (com			To (complet	e address	d)	Odometer		Total mileage	Reimbursable amount		
		Street	City	State	Zip	Street	City	State	Zip	Start	Finish		
								TO	AL MILE	AGE REIMB	URSEMENT		

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

Signature:	Date: