

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

(Updated November 19, 2022)

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 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

NAME: _____

**EXPENSE DETAIL
ORIGINAL RECEIPTS REQUIRED**

LODGING:	# OF NIGHTS: _____	@	_____	PER NIGHT	_____		
					<small>ROOM & TAX</small>		
	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: _____
		<small>@62.5 cents/mile</small>
<small>*****Cost comparison required if driving more than 4 hrs each way</small>		
<small>*****Complete addresses required for mileage reimbursement</small>		
	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:	_____	<small>@ 44.35 (EFFECTIVE 11/19/2022)</small>
	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

