

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

(Updated January 3, 2020)

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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL AUTHORIZATION

	CLK	MNT	MVS
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OTHER: _____

ASSIGNMENT INFORMATION

DATES: FROM _____ TO _____
LOCATION ADDRESS: _____

AUTHORIZED BY: _____
NAME OF INDIVIDUAL _____
DESCRIBE IN DETAIL: _____

NON-ARBITRATION ASSIGNMENT

SAFETY & HLTH	BMC	LIM MTG	STEP 3	TRAINING
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
POWER	CLUW	BPI	MAINT STAFFING	RI 399
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OTHER: _____

ARBITRATION ASSIGNMENT

ARBITRATION CASE NO: _____	HEARING:	<input type="checkbox"/>	<input type="checkbox"/>
	CANCEL:	<input type="checkbox"/>	<input type="checkbox"/>
	PRE ARB:	<input type="checkbox"/>	<input type="checkbox"/>

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: _____ @57.5 cents/mile
(Effective 1/1/20)

*****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: _____ @ 40.3355 (EFFECTIVE 11/21/2020)

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

American Postal Workers Union, AFL-CIO Mileage Log

Name:

Trip Dates: From:
 To:

Location:

Date	Purpose	From (complete address required)				To (complete address required)				Odometer		Total mileage	Reimbursable amount
		Street	City	State	Zip	Street	City	State	Zip	Start	Finish		
TOTAL MILEAGE REIMBURSEMENT													

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

Signature:	Date:
------------	-------