

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

*(Updated January 4, 2023)*

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**

<b>LODGING:</b>	# OF NIGHTS: _____ @ _____	PER NIGHT _____			
			<small>ROOM &amp; TAX</small>		
	HOTEL MEALS: (ITEMIZED RECEIPTS REQUIRED)				_____
	HOTEL TELEPHONE CHARGES:				_____
	OTHER HOTEL CHARGES: (EXPLAIN)				_____
					_____
					_____
	<b>LODGING TOTAL</b>				_____

<b>MEALS:</b>	MEAL EXPENSES (ITEMIZED RECEIPTS REQUIRED)	<b>TOTAL</b>
		_____

<b>TRANSPORTATION: *</b>	FROM: _____	TO: _____	
ALL AIRFARE AND AIRFARE EXCHANGE FEES ARE DONE THROUGH THE AXIOM TRAVEL MASTER ACCOUNT			
<b>PARKING:</b>	<b>CABS:</b>	<b>RENTAL CAR :</b>	
	<b>PERSONAL AUTO:</b>	<b># OF MILES:</b>	<b>@65.5 cents/mile</b>
*****Cost comparison required if driving more than 4 hrs each way			<small>(Effective 1/1/23)</small>
*****Complete addresses required for mileage reimbursement			
	<b>TOTAL TRANSPORTATION</b>		_____

<b>MISCELLANEOUS EXPENSES:</b>			
<b>TIPS:</b>	SKYCAP: _____	VALET: _____	
	HOUSEKEEPER: _____	CAB: _____	
<b>OTHER:</b>	_____		
<b>EXPLANATION</b>	_____		
	_____		
	<b>EXPENSE GROSS TOTAL</b>		

<b>ARBITRATION ASSIGNMENT - COMPENSATION</b>			
PREP DATE (S):	_____		
HEARING DATE (S):	_____		
NUMBER OF HOURS:	_____	@ 44.35	(EFFECTIVE 11/19/2022)
	<b>GROSS TOTAL</b>		

<b>NON-ARBITRATION ASSIGNMENT - COMPENSATION</b>			
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
	<b>GROSS TOTAL</b>		

**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: _____
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