AMERICAN POSTAL WORKERS UNION, AFL-CIO
EXPENSE VOUCHER FOR NATIONAL OFFICERS AND STAFF
(Updated January 1, 2021)

Name: _____________________________ Regional Authorization: [ ] Central [ ] Eastern [ ] Northeast [ ] Southern [ ] Western

National Authorization: [ ] Clerk [ ] Maint [ ] MVS [ ] Other: _____________________________ Authorized by: _____________________________

Assignment Information: _____________________________ Date(s): _____________________________ From: _____________________________ To: _____________________________ Location: _____________________________

Describe the assignment in detail:

Arbitration Assignment: _____________________________ Arbitration case #: _____________________________ Was there a hearing: [ ] Yes [ ] No [ ] Cancellation [ ] Settlement

Non Arbitration Assignment:


EXPENSE DETAIL (ORIGINAL RECEIPTS REQUIRED)

Lodging

Number of nights: _____________________________ at _____________________________ = _____________________________ (enter # of nights)

Hotel meals total (itemized receipts required): = _____________________________

Other hotel charges (explain in detail below): = _____________________________

TOTAL LODGING: = _____________________________

Meals

Other meals total (itemized receipts required): = _____________________________

Business meal expense total (itemized receipts required): = _____________________________

Guest names and titles (use space provided below):

Name and address of restaurant (use space provided below):

Business purpose (use space provided below):

TOTAL MEALS: = _____________________________

TRANSPORTATION DETAIL (RECEIPTS REQUIRED)

Airfare

Traveling From: _____________________________ Traveling To: _____________________________ [ ] Roundtrip [ ] One-way

Airfare total (including taxes and surcharges): = _____________________________

Airfare exchange fee, if applicable (use space provided below for explanation): = _____________________________

TOTAL AIRFARE: = _____________________________

Rental Car

Rental car total (including taxes and surcharges): = _____________________________

Gasoline total: = _____________________________

TOTAL RENTAL CAR: = _____________________________

Personal Automobile

Cost comparison required if driving more than four (4) hours each way. Please complete the attached mileage log if reimbursement for mileage from the use of a personal automobile is being requested. The completed information from the attached mileage log will automatically be copied into the section below. Complete address required for mileage reimbursement.

Total miles driven: 0 reimbursed at a rate of $0.575/mile = _____________________________

TOTAL MILEAGE REIMBURSEMENT = _____________________________

MISCELLANEOUS EXPENSES

Tips

Cabs: _____________________________ Room Service: _____________________________ Valet: _____________________________

Sky Cap: _____________________________ Bellhop: _____________________________ Housekeeper: _____________________________

TOTAL TIPS: = _____________________________

Other

Total other expenses (use space provided below for explanation): = _____________________________

TOTAL OTHER: = _____________________________

TOTAL ASSIGNMENT EXPENSES: = _____________________________

Signature: _____________________________ Date: _____________________________

For Accounting Use Only:

Processed on: _____________________________ Processed by: _____________________________ Comments: _____________________________
# American Postal Workers Union, AFL-CIO
## Mileage Log

<table>
<thead>
<tr>
<th>Date</th>
<th>Purpose</th>
<th>From (complete address required)</th>
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<th>Odometer</th>
<th>Total mileage</th>
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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: ___________________________