

**AMERICAN POSTAL WORKERS UNION, AFL-CIO
EXPENSE VOUCHER FOR NATIONAL OFFICERS AND STAFF
(Updated January 3, 2020)**

Name: _____		Regional Authorization: <input type="checkbox"/> Central <input type="checkbox"/> Eastern <input type="checkbox"/> Northeast <input type="checkbox"/> Southern <input type="checkbox"/> Western	
National Authorization: <input type="checkbox"/> Clerk <input type="checkbox"/> Maint <input type="checkbox"/> MVS <input type="checkbox"/> Other: _____		Authorized by: _____	
Assignment Information:	Date(s): From: _____ To: _____	Location: _____	
Describe the assignment in detail: _____			
Arbitration Assignment	Arbitration case #: _____	Was there a hearing: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Cancellation <input type="checkbox"/> Settlement	
Non Arbitration Assignment: <input type="checkbox"/> Article 12 Excessing <input type="checkbox"/> BPI <input type="checkbox"/> Training <input type="checkbox"/> Safety & Health <input type="checkbox"/> Maint. Staffing <input type="checkbox"/> Organizing <input type="checkbox"/> Intervention <input type="checkbox"/> RI 399 <input type="checkbox"/> State Convention <input type="checkbox"/> Step 3 Meeting <input type="checkbox"/> Training <input type="checkbox"/> Other: _____			

EXPENSE DETAIL (ORIGINAL RECEIPTS REQUIRED)

Lodging			
Number of nights: _____ at _____ = _____	<small>(enter # of nights)</small>		<small>(enter rate, including taxes)</small>
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: _____	<input type="checkbox"/> Roundtrip	<input type="checkbox"/> 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			
<small>Complete address required for mileage reimbursement. 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. Cost comparison required if driving more than four (4) hours each way.</small>			
Total miles driven: _____	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: _____
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For Accounting Use Only:

Processed on: _____	Processed by: _____	Comments: _____
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