

**AMERICAN POSTAL WORKERS UNION, AFL-CIO**  
**EXPENSE VOUCHER FOR NATIONAL OFFICERS AND STAFF**  
 (Updated September 21, 2022)

<b>Name:</b> _____		<b>Regional Authorization:</b> <input type="checkbox"/> Central <input type="checkbox"/> Eastern <input type="checkbox"/> Northeast <input type="checkbox"/> Southern <input type="checkbox"/> Western	
<b>National Authorization:</b> <input type="checkbox"/> Clerk <input type="checkbox"/> Maint <input type="checkbox"/> MVS <input type="checkbox"/> Other: _____		<b>Authorized by:</b> _____	
<b>Assignment Information:</b>	<b>Date(s):</b> From: _____ To: _____	<b>Location:</b> _____	
<b>Describe the assignment in detail:</b> _____ _____			
<b>Arbitration Assignment</b>	<b>Arbitration case #:</b> _____	<b>Was there a hearing:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Cancellation <input type="checkbox"/> Settlement	
<b>Non Arbitration Assignment:</b> <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)**

<b>Lodging</b>	
<b>Number of nights:</b> _____ at _____ = _____ <small>(enter # of nights) (enter rate, including taxes)</small>	
<b>Hotel meals total</b> (itemized receipts required):	= _____
<b>Other hotel charges</b> (explain in detail below):	= _____
<b>TOTAL LODGING:</b>	= _____
<b>Meals</b>	
<b>Other meals total</b> (itemized receipts required):	= _____
<b>Business meal expense total</b> (itemized receipts required):	= _____
<b>Guest names and titles</b> (use space provided below): _____ _____	
<b>Name and address of restaurant</b> (use space provided below): _____ _____	
<b>Business purpose</b> (use space provided below): _____ _____	
<b>TOTAL MEALS:</b>	= _____

**TRANSPORTATION DETAIL (RECEIPTS REQUIRED)**

<b>Airfare</b>	
<b>Traveling From:</b> _____	<b>Traveling To:</b> _____ <input type="checkbox"/> Roundtrip <input type="checkbox"/> One-way
<b>Airfare total</b> (including taxes and surcharges):	= _____
<b>Airfare exchange fee, if applicable</b> (use space provided below for explanation):	= _____
<b>TOTAL AIRFARE:</b>	= _____
<b>Rental Car</b>	
<b>Rental car total</b> (including taxes and surcharges):	= _____
<b>Gasoline total:</b>	= _____
<b>TOTAL RENTAL CAR:</b>	= _____
<b>Personal Automobile</b>	
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.	
<b>Total miles driven:</b> _____ 0	reimbursed at a rate of \$0.625/mile = _____
<b>TOTAL MILEAGE REIMBURSEMENT</b>	= _____

**MISCELLANEOUS EXPENSES**

<b>Tips</b>	
<b>Cabs:</b> _____	<b>Room Service:</b> _____
<b>Sky Cap:</b> _____	<b>Bellhop:</b> _____
	<b>Valet:</b> _____
	<b>Housekeeper:</b> _____
<b>TOTAL TIPS:</b>	= _____
<b>Other</b>	
<b>Total other expenses</b> (use space provided below for explanation): _____ _____	
<b>TOTAL OTHER:</b>	= _____

**TOTAL ASSIGNMENT EXPENSES:** = \_\_\_\_\_

<b>Signature:</b> _____	<b>Date:</b> _____
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**For Accounting Use Only:**

<b>Processed on:</b> _____	<b>Processed by:</b> _____	<b>Comments:</b> _____
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