

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

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**

CLK MNT MVS  
    
 OTHER: \_\_\_\_\_

**ASSIGNMENT INFORMATION**

DATES: FROM TO

LOCATION ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

AUTHORIZED BY: \_\_\_\_\_

NAME OF INDIVIDUAL

DESCRIBE IN DETAIL: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**NON-ARBITRATION ASSIGNMENT**

SAFETY & HLTH BMC LM 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

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

NAME: \_\_\_\_\_

**EXPENSE DETAIL  
ORIGINAL RECEIPTS REQUIRED**

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

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

<b>TRANSPORTATION: *</b>	<b>FROM:</b> _____	<b>TO:</b> _____
	<b>METROPOLITAN TRAVEL MASTER ACCOUNT USED: \$0 DUE</b>	
	<b>AIRFARE EXCHANGE FEE:</b> _____	
	<b>EXPLANATION:</b> _____	
	_____	
	<b>TOTAL AIRFARE DUE:</b> _____	<b>RENTAL CAR :</b> _____
	<b>CABS:</b> _____	<b>PARKING:</b> _____
	<b>PERSONAL AUTO: # OF MILES:</b> _____	<b>@.55 cents/mile</b>
		<small>(Effective 1/1/09)</small>
*****Cost comparison required if driving more than 4 hrs each way		
*****Complete addresses required for mileage reimbursement		
	<b>TOTAL TRANSPORTATION</b>	

<b>MISCELLANEOUS EXPENSES:</b>			
<b>TIPS:</b>	<b>CABS:</b> _____	<b>SKYCAP:</b> _____	<b>VALET:</b> _____
	<b>BELLHOP:</b> _____	<b>HOUSEKEEPER:</b> _____	
<b>OTHER:</b>	_____		
	_____		
	<b>TOTAL MISCELLANEOUS EXPENSES</b>		
	<b>TOTAL ASSIGNMENT EXPENSE</b>		

<b>ARBITRATION ASSIGNMENT - COMPENSATION</b>			
<b>PREP DATE (S):</b>	_____		
<b>HEARING DATE (S):</b>	_____		
<b>NUMBER OF HOURS:</b>	_____	<b>@ 33.7873</b>	<b>(EFFECTIVE 08/30/08)</b>
	<b>GROSS TOTAL</b>		

<b>NON-ARBITRATION ASSIGNMENT - COMPENSATION</b>			
<b>BEGIN DATE:</b>	_____	<b>USPS LEVEL/STEP:</b>	_____
<b>END DATE:</b>	_____		
<b>NUMBER OF HOURS REGULAR</b>	_____	<b>@ \$</b> _____	<b>PER HOUR</b>
<b>NUMBER OF HOURS NIGHT DIFFERENTIAL :</b>	_____	<b>@ \$</b> _____	<b>PER HOUR</b>
<b>NUMBER OF HOURS SUNDAY PREMIUM :</b>	_____	<b>@ \$</b> _____	<b>PER HOUR</b>
	<b>GROSS TOTAL</b>		

**EXPENSES & COMPENSATION - GRAND TOTAL**