

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

(Updated July 5, 2011)

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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL AUTHORIZATION

	CLK	MNT	MVS
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OTHER: _____

ASSIGNMENT INFORMATION

DATES: FROM _____ TO _____
LOCATION ADDRESS: _____

AUTHORIZED BY: _____
NAME OF INDIVIDUAL _____
DESCRIBE IN DETAIL: _____

NON-ARBITRATION ASSIGNMENT

SAFETY & HLTH	BMC	LW MTG	STEP 3	TRAINING
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
POWER	CLUW	BPI	MAINT STAFFING	RI 399
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OTHER: _____

ARBITRATION ASSIGNMENT

ARBITRATION CASE NO: _____	HEARING:	<input type="checkbox"/>	<input type="checkbox"/>
	CANCEL:	<input type="checkbox"/>	<input type="checkbox"/>
	PRE ARB:	<input type="checkbox"/>	<input type="checkbox"/>

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**

LODGING:	# OF NIGHTS: _____ @ _____ PER NIGHT	\$0.00
	ROOM & TAX	
	HOTEL MEALS: (ITEMIZED RECEIPTS REQUIRED)	\$0.00
	HOTEL TELEPHONE CHARGES:	\$0.00
	OTHER HOTEL CHARGES: (EXPLAIN)	\$0.00

	LODGING TOTAL	\$0.00

MEALS:	MEAL EXPENSES (ITEMIZED RECEIPTS REQUIRED)	TOTAL	\$0.00
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TRANSPORTATION: *	FROM: _____	TO: _____	
ALL AIRFARE AND AIREFARE EXCHANGE FEES ARE DONE THROUGH THE AXIOM TRAVEL MASTER ACCOUNT			
PARKING:	CABS:	RENTAL CAR :	\$0.00
	PERSONAL AUTO: _____	# OF MILES: _____	\$0.00
		0 @ .555 cents/mile	\$0.00
	*****Cost comparison required if driving more than 4 hrs each way		\$0.00
	*****Complete addresses required for mileage reimbursement		\$0.00
	TOTAL TRANSPORTATION		\$0.00

MISCELLANEOUS EXPENSES:			
TIPS:	SKYCAP: _____	VALET: _____	
	HOUSEKEEPER: _____	CAB: _____	
OTHER:	_____		
EXPLANATION	_____		

	EXPENSE GROSS TOTAL		\$0.00

ARBITRATION ASSIGNMENT - COMPENSATION			
PREP DATE (S):	_____		
HEARING DATE (S):	_____		
NUMBER OF HOURS:	0	@ 34.1626	(EFFECTIVE 11/21/09)
	GROSS TOTAL		\$0.00

NON-ARBITRATION ASSIGNMENT - COMPENSATION			
BEGIN DATE:	_____	USPS LEVEL/STEP:	_____
END DATE:	_____		
NUMBER OF HOURS REGULAR:	_____	@ _____	PER HOUR \$0.00
NUMBER OF HOURS NIGHT DIFFERENTIAL :	_____	@ _____	PER HOUR \$0.00
NUMBER OF HOURS SUNDAY PREMIUM :	_____	@ _____	PER HOUR \$0.00
	GROSS TOTAL		\$0.00

EXPENSES & COMPENSATION - GRAND TOTAL	\$0.00
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