

**Des Moines, Iowa Area Local A.P.W.U.
AMERICAN POSTAL WORKERS UNION, AFL-CIO**

1200 E Euclid Ave.
Des Moines, IA 50316

**EXPENSE VOUCHER
For Designated Representatives**

*****ATTACH ALL RECEIPTS*****

Name _____ Address _____
 Social Security No. _____
 Assignment purpose _____
 Assignment Dates _____ Authorized By _____
 Grievance Case No(s): _____

EXPENSE DETAIL

Check (✓) If Original Receipts Are Attached

| | |
|--|----------|
| LODGING-HOTEL: No. Days _____ Daily Rate \$ _____ \$ _____ | (✓) |
| Meals Included on Hotel Bill _____ \$ _____ | |
| Phone Charges on Hotel Bill _____ \$ _____ | |
| Other Hotel Charges (Explain) _____ \$ _____ | |
| Total Hotel Charge | \$ _____ |
| OTHER MEAL EXPENSE (Meals w/Receipts Not Included on Hotel Bill) | \$ _____ |
| TRANSPORTATION From _____ To _____ | |
| Auto: No. Miles _____ At _____ cents per mile | |
| Plane _____ Other (Explain) _____ | |
| Total Transportation | \$ _____ |
| MISCELLANEOUS EXPENSE (List) _____ \$ _____ | |
| _____ \$ _____ | |
| _____ \$ _____ | |
| _____ \$ _____ | |
| Total Miscellaneous Expenses | \$ _____ |
| TOTAL EXPENSES | \$ _____ |

LWOP: (Note: 397 Is Must Be Attached)

Dates of _____ Number of Hours _____
 USPS Level and Step _____ Hourly Rate \$ _____
 No. Hours of Night Differential _____ Sunday Premium _____ \$ _____

TOTAL EXPENSES & LWOP OF TRIP \$ _____

Less Amount Advanced \$ _____

Signature of Person Submitting Voucher/Date _____

Amount of Reimbursement _____

Amount Owed to Union _____

Authorizing Signature/Date _____

Date Check was Issued/Check Number _____

