Western Michigan Area Local
American Postal Workers Union, AFL-CIO
Expense Reimbursement Voucher

Notice: ***Voucher Must be signed***. *Receipts must be included with request.*

Expenditure Authorized by:
Membership/Motion [ ] Budget [ ] Constitution [ ] Policy/By-Laws [ ] Other [ ]

Signature _____ Date _____

Name _____ SSN# _____

Address _____ Phone _____

Attach Receipts To Back Of Form

Expense :	Description/Purpose/Quantity	Cost	Total
Office Supplies	_____	_____	_____
Postage	_____	_____	_____
Refreshments	_____	_____	_____
Miscellaneous	_____	_____	_____
Registration Fees	_____	_____	_____
Parking Fees	_____	_____	_____
Airfare	To: _____	_____	_____
Lodging	Event: _____	_____	_____

Mileage from _____ to _____
Mileage from _____ to _____
Total Miles _____ X Rate _____ = _____

Total _____

FOR OFFICIAL USE ONLY

Authorized Signatures:

_____ _____ Total Paid _____
President Date

_____ _____ Check # _____
Treasurer Date