



NATIONAL POSTAL MAIL HANDLERS UNION

Division of the Laborer's International Union of North America,
AFL-CIO
1833 WEST ELK PLACE - DENVER, COLORADO 80211



Office 1-303-455-6400 Fax 1-303-455-5810 Watts 1-800-521-5094 TDD 1-303-455-6400

EXPENSE VOUCHER

Name: _____ **Date:** _____

<u>PAYROLL</u>	Reason for union business	Date(s)	Scheduled union hours	Number of hours

Number of hours LWOP _____ (attach form 3971) + non-LWOP _____ = **Total hours**

My regular USPS schedule is _____ from _____ to _____
(non-scheduled days) (begin tour) (end tour)

- Check here if you are on a Change of Schedule and attach form
- Check here if your union LWOP has caused you to lose Sunday premium _____
of hours
- Check here if your union LWOP has caused you to lose night differential _____
of hours

MISC. EXPENSES (attach receipts):

Date	Describe item	Amount

MILEAGE REIMBURSEMENT (30 miles a day or any health fair mileage):

On _____ I traveled from _____ to _____ to _____ for _____ miles.
(date) (city or facility) (city or facility) (city or facility)

On _____ I traveled from _____ to _____ to _____ for _____ miles.
(date) (city or facility) (city or facility) (city or facility)

On _____ I traveled from _____ to _____ to _____ for _____ miles.
(date) (city or facility) (city or facility) (city or facility)

On _____ I traveled from _____ to _____ to _____ for _____ miles.
(date) (city or facility) (city or facility) (city or facility)

My total roundtrip miles were _____ X Current USPS Mileage Rate _____ = \$ _____

Employee Signature: _____ **President's signature:** _____