

AMERICAN POSTAL WORKERS UNION, AFL-CIO

Greater Cincinnati Ohio Area Local

EXPENSE VOUCHER

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

Name _____

Authorized By _____ Assignment Dates _____

Assignment Purpose _____

Percentage of Disbursement (to nearest 1/10th)

Representational Activities	_____	%
Political Activities and Lobbying	_____	%
Contributions, Gifts and Grants	_____	%
General Overhead	_____	%
Union Administration	_____	%
Benefits	_____	%

Total **100%**

EXPENSE DETAIL

Meals Meals \$ _____ \$ _____

Transportation From: _____ To: _____

Auto: Round Trip: Yes or No (Circle One)

No. Miles _____ At _____ cents per mile \$ _____

Miscellaneous Expense (list) \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Total Miscellaneous Expense \$ _____

LWOP (Note: PS Form 3971 MUST be attached)

Scheduled Hrs _____ SDOs _____ 3189: Y or N

USPS Level/Step _____ Hourly Rate \$ _____

Loss of AL/SL (must attach check stubs, i.e. prior to and after)

Number Hours of: Lost AL/SL _____

Union LWOP _____

Night Differential _____

Sunday Premium _____

Percentage: TSP Contribution _____

(TSP Contribution for FERS employees only)

Total LWOP expense \$ _____

Less Amount Advanced \$ _____

Amount of Reimbursement \$ _____

Signature of Person Submitting Voucher/Date _____

Authorizing Signature/Date _____

 Date Check was Issued/Check Number