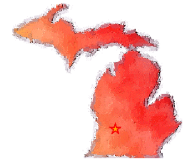




Western Michigan Area Local #281
 American Postal Workers Union, AFL-CIO
EXPENSE REIMBURSEMENT VOUCHER



NOTICE: Voucher Must Be Signed. Receipts must be included with request!

Expenditure Authorized by:

Membership/Motion Budget Constitution Policy/By Laws Other

Signature: _____ Today's Date: _____

Name: _____ EID / SSN#: _____

Address: _____ Phone: (____) _____

ENSURE RECEIPTS ARE ATTACHED TO BACK OF THIS FORM
 (when submitting)

Expense:	Description/Purpose/Quantity	Cost	Total
Office Supplies:	_____	_____	_____
Postage:	_____	_____	_____
Refreshments:	_____	_____	_____
Miscellaneous:	_____	_____	_____
Registration Fees:	_____	_____	_____
Parking Fees:	_____	_____	_____
Airfare: Trip to:	_____	_____	_____
Lodging: (Event)	_____	_____	_____
Mileage: from: _____ to _____			# of Miles _____

Dates of Travel: _____ Reason: _____

Total Miles _____ x IRS Rate _____¢ = _____

Total Reimbursement: _____

FOR OFFICIAL USE ONLY BELOW THIS LINE!

Authorized Signatures: _____ Date Received: _____

 President's Signature Date

Total Paid: _____

 Treasurer's Signature Date

Check # _____