



## AMERICAN POSTAL WORKERS UNION, AFL-CIO

EXPENSE VOUCHER  
and REPORT

Name of Local Union:

Southern Oregon Area Local – APWU #342

Address of Local Union:

PO Box 342

City:

Medford

State:

OR

Zip Code:

97501

Member / Organization / Business Paid To:

Activity:

By Member:

**TRANSPORTATION** (Reimbursement for either Fuel Cost OR Mileage - NOT Both) :

Automobile: Starting Zip Code:

Ending Zip Code:

Beginning Odometer:

Ending Odometer:

Miles:

Miles:

X (IRS Rate):

OR Total Fuel Costs (Attach Receipts)

\$

Airfare: (Attach Original Receipt)

Dates:

To:

\$

Airfare: (Attach Original Receipt)

Dates:

To:

\$

**LODGING & EXPENSES:**

Per Diem @ \$ /Day

Dates:

To:

\$

Lodging (Single Room Rate) \$ /Day

Dates:

To:

\$

Telephone Calls (one 3 minute call per day to home):

\$

Other Misc. Expenses (Cab, gas, etc.):

\$

**LOST TIME** (PS Form 3971 – Completed & Signed – Must Be Attached):

Dates:

Pay Level:

Step:

Hourly Rate:

Total Hours (LWOP):

(Hours) X

(Rate) =

\$

Night Differential:

(Hours) X

(Rate) =

\$

Sunday Premium:

(Hours) X

(Rate) =

\$

Total Lost Time:

Add totals from above and enter here ---&gt;

\$

Tax Deductions: Fed .10

SS .062

Med .0145

=

\$

Net Pay:

Subtract Tax Deductions from Total Lost Time from above and enter here ---&gt;

\$

**UNION SUPPLIES:**

Postage (Specify):

\$

Misc Supplies (Specify):

\$

**MISC EXPENSES** (Specify):

\$

**GRAND TOTAL:**

Total ALL columns on right ---&gt;

\$

Signed by Member or Print Organization Paid To:

Signed (Person Issuing Payment):

Date Signed:

Authorization:

APWU/Local Constitution:

CHECK/DEBIT NUMBER:

E-Board / Membership Meeting:

Meeting Date:

Check Date:

LM-3 Banking Account Name:

LM3 Item No:

Date Cleared: