

**MADISON AREA LOCAL
AMERICAN POSTAL WORKERS UNION
EXPENSE VOUCHER**

AUTHORIZATION # _____ DATE SUBMITTED _____

I, _____, hereby apply for reimbursement of expenses incurred on the

following date(s) _____ while

attending _____
(Conventions, Seminars, Meetings, Etc.)

The expenses are itemized as follows:

Bus _____ RR _____ Plane _____ Taxi _____ \$ _____

Auto use: _____ miles @ _____ per mile \$ _____

From _____ to _____ (round trip)

Meals including tip & tax _____ (number) \$ _____

Other tips, including luggage transfer etc. \$ _____

Hotel or Motel (Receipt attached) _____ days \$ _____

Other (explain) _____ \$ _____

_____ \$ _____

Total Expense \$ _____

Members Signature _____ Approved by _____

President