Expense Reimbursement and Leave Without Pay (LWOP) Program

It is the Health Plan's policy to reimburse Health Plan Representatives and other designated individuals on authorized assignments, such as health fairs, for the entire amount of their actual expenses, within given limitations.

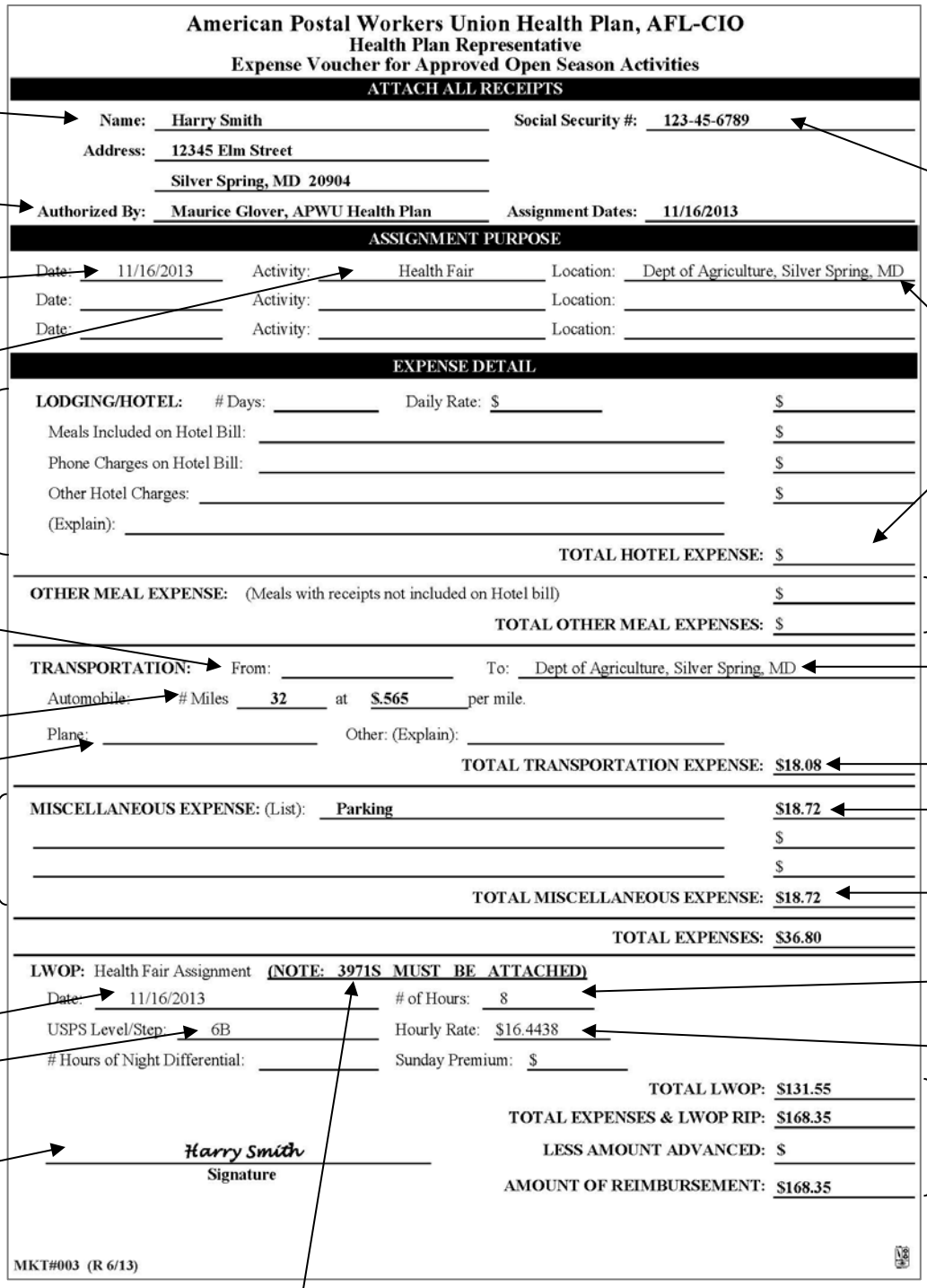
To receive the maximum reimbursement allowable, it is essential that accurate records and receipts for all expenses are kept.

HPRs are reimbursed if the assignment is authorized in advance by the Plan and the expenses are not being reimbursed by another source.

The HPR Expense Voucher is used to summarize your expenses for each assignment. An example of the correct way to fill out an Expense Voucher is shown on the following page.

Please review the following information carefully prior to beginning your assignment. If you have any questions regarding completion of the Expense Voucher, or our reimbursement policy, please contact Maurice Glover at the Health Plan at mglover@apwuhp.com or 1-410/424-1567.

Expense Voucher



American Postal Workers Union Health Plan, AFL-CIO
Health Plan Representative
Expense Voucher for Approved Open Season Activities

ATTACH ALL RECEIPTS

Name: Harry Smith **Social Security #:** 123-45-6789

Address: 12345 Elm Street
Silver Spring, MD 20904

Authorized By: Maurice Glover, APWU Health Plan **Assignment Dates:** 11/16/2013

ASSIGNMENT PURPOSE

Date: 11/16/2013 Activity: Health Fair Location: Dept of Agriculture, Silver Spring, MD
Date: Activity: Location:
Date: Activity: Location:

EXPENSE DETAIL

LODGING/HOTEL: # Days: Daily Rate: $ $
Meals Included on Hotel Bill: $
Phone Charges on Hotel Bill: $
Other Hotel Charges: $
(Explain):
TOTAL HOTEL EXPENSE: $

OTHER MEAL EXPENSE: (Meals with receipts not included on Hotel bill) $
TOTAL OTHER MEAL EXPENSES: $

TRANSPORTATION: From: To: Dept of Agriculture, Silver Spring, MD
Automobile: # Miles 32 at $.565 per mile.
Plane: Other: (Explain):
TOTAL TRANSPORTATION EXPENSE: $18.08

MISCELLANEOUS EXPENSE: (List): Parking $18.72
$
$
TOTAL MISCELLANEOUS EXPENSE: $18.72

TOTAL EXPENSES: $36.80

LWOP: Health Fair Assignment **(NOTE: 3971S MUST BE ATTACHED)**
Date: 11/16/2013 # of Hours: 8
USPS Level/Step: 6B Hourly Rate: $16.4438
Hours of Night Differential: Sunday Premium: $

TOTAL LWOP: $131.55
TOTAL EXPENSES & LWOP RIP: $168.35
LESS AMOUNT ADVANCED: $
AMOUNT OF REIMBURSEMENT: $168.35

Harry Smith
Signature

MKT#003 (R 6/13)

HPR - full name, address, city, state and zip code

Name of Health Plan Staff authorizing assignment

Date of Health Fair assignment

Type of assignment

Fill out detail of hotel expenses (include daily rate, number of days, meals, phone and "other" charges.

Indicate location starting from

List # of miles traveled (if auto)

List amount charged for airfare

List any miscellaneous expenses (i.e., parking, taxi, subway

Date of LWOP

List USPS Level/Step

Sign form

HPR Social Security Number

Location of assignment (include city and state)

List total hotel expenses

List all meals not included with hotel expenses

Location of assignment (include city and state)

List total transportation expenses

List any other transportation expenses

List total miscellaneous expenses

List number of hours of LWOP

List hourly pay rate

List total LWOP expenses and amount to be reimbursed

Form 3971S must be attached to Expense Voucher

General LWOP Expense Reimbursement

The HPR Expense Voucher must be completed and submitted to the Health Plan as soon as possible after completion of an assignment. Please be sure to also attach a copy of the approved health fair invitation/e-mail that you received from APWU Health Plan, with submission of your HPR Expense Voucher. If you would like payment made to you through Electronic Funds Transfer (EF), you will need to complete the form found on our website on the HPR page. Print a copy and attach the form after your initial assignment. Any payments will be direct deposited to your account. Complete the Expense Voucher in its entirety and be sure all original receipts are attached. A copy of the Expense Voucher and copies of any receipts/attachments should also be kept for your files.

Reimbursements of expenses are only made when original receipts are provided. Charge card receipts/statements, travel agency invoices, etc. are not considered sufficient documentation for hotel and transportation expenses. Photocopies of receipts are not acceptable for reimbursement purposes.

Contact Information:

Maurice Glover
Marketing Programs Coordinator
1-410/424-1567
1-410/424-1572 (fax)
E-Mail: mglover@apwuhp.com

Mail Expense Voucher to:

APWU Health Plan
Attn: Marketing Program Coordinator
799 Cromwell Park Drive, Suites K-Z
Glen Burnie, MD 21061

Local LWOP Expense Reimbursement

Upon prior approval by the Health Plan, a Local will be reimbursed for the lost time of an APWU Local officer for Health Plan activities. Complete documentation must be received for payment.

Meal Expenses Reimbursement

Reimbursement for meal expenses is allowed for out-of-town health fairs requiring an overnight stay.

Transportation Reimbursement

Full reimbursement is allowed for all reasonable transportation expenses incurred as a result of your assignment.

The Health Plan will reimburse the going IRS rate per mile for actual mileage driven. Currently, the rate is $.565 cents per mile. Reimbursement will not exceed what the cost for airfare would have been.

List transportation expenses under the appropriate section of the Expense Voucher and make sure the starting location and assignment destination "From/To" lines are complete.

Taxi or public transportation expenses are reimbursed in full and should be listed under Miscellaneous Expenses on the Expense Voucher. Other Miscellaneous Expenses include tips, parking or other valid expenses. Always include a complete explanation of the charge and attach original receipts. In some instances (i.e., subway expenses, tips, etc.) where original receipts cannot be obtained, provide detailed justification of the expense.

USPS LWOP (Salary) Expense Reimbursement

LWOP is reimbursed for Federal health fairs HPRs attend when they are approved in advance by the Health Plan. LWOP will not be approved for attending health fairs in Postal facilities covered by your Local. In addition, LWOP will not be approved to attend the Health Plan's Annual Open Season Seminar held each October.

The Health Plan is obligated to withhold Federal, state and FICA taxes (if applicable) from the LWOP portion of your expenses. Withholding forms can be obtained from your payroll office and must be submitted along with your Expense Voucher. In the absence of a completed W-4 form, the Health Plan will withhold taxes at the "single with no exemptions" rate.

Include LWOP hours for your regularly scheduled work day. Submit a copy of your completed 3971 form to receive payment. Complete the entire LWOP section on the Expense Voucher so correct wage computation can be made. List your correct pay level and step to ensure proper rate of payment. Include your address, Social Security number and reason for assignment on the Expense Voucher.