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

ATTACH ALL RECEIPTS

Name: _____ **Social Security #:** _____

Address: _____

_____

Authorized By: _____ **Assignment Dates:** _____

ASSIGNMENT PURPOSE

Date: _____ Activity: _____ Location: _____

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: _____

Automobile: # Miles _____ at $ _____ per mile.

Plane: _____ Other: (Explain): _____

TOTAL TRANSPORTATION EXPENSE: $ _____

MISCELLANEOUS EXPENSE: (List): _____ $ _____

_____ $ _____

_____ $ _____

TOTAL MISCELLANEOUS EXPENSE: $ _____

TOTAL EXPENSES: $ _____

LWOP: Health Fair Assignment **(NOTE: 3971S MUST BE ATTACHED)**

Date: _____ # of Hours: _____

USPS Level/Step: _____ Hourly Rate: $ _____

Hours of Night Differential: _____ Sunday Premium: $ _____

TOTAL LWOP: **$** _____

TOTAL EXPENSES & LWOP RIP: **$** _____

LESS AMOUNT ADVANCED: **$** _____

_____

Signature

AMOUNT OF REIMBURSEMENT: **$** _____

MKT#003 (R 4/00)