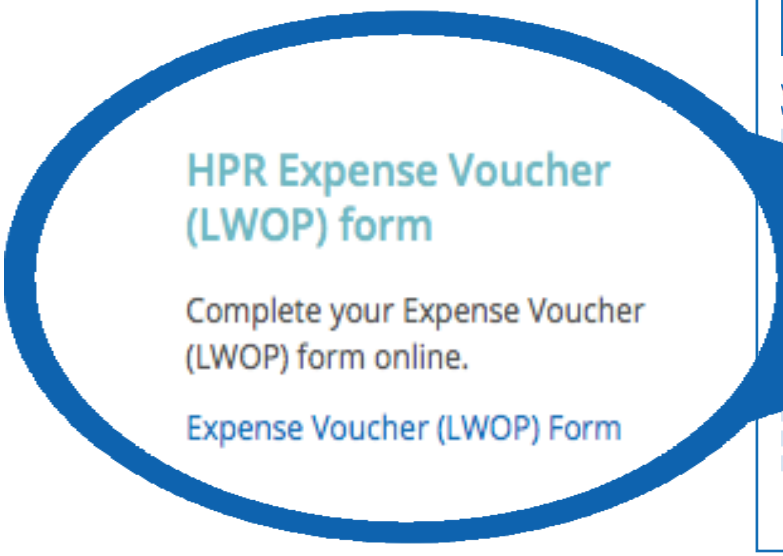
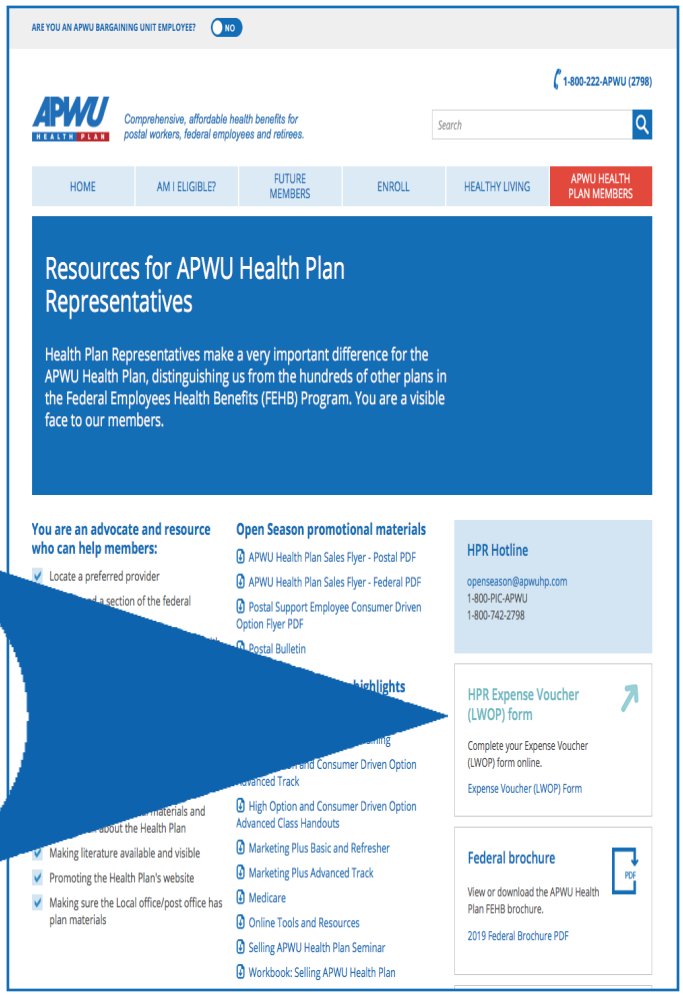
NEW ONLINE LWOP FORM

Where can you find it?

- Goto www.apwuhp.com
- Log into the HPR Page
- Click on the link for HPR Expense Voucher
- Username: togetherbetterhealth
- Password: 2018hpr





APWUHP Health Plan
HPR Expense Voucher Online Form (LWOP)

All fields marked with * are required.
Before you begin filling out this form, please have all receipts ready as images or PDF files to attach.

You will need to ATTACH ALL RECEIPTS and have 90 minutes to fill out this form.

*Name

*Social Security #

*E-mail Address

*Phone

*Address:

*City:

*State: Choose...

*Zip:

Authorized By

Assignment Dates:

Assignment Purpose

*Date	*Activity	*Location
Date	Activity	Location
Date	Activity	Location

Expense Detail

Lodging / Hotel:

# Days	Daily Rate	Total Daily
0	$ 0	$ 0

Meals Included on Hotel Bill

Meals Total: $ 0

Phone Charges On Hotel Bill

Phone Total: $ 0

Additional Hotel Charges - Explain

Additional Total: $ 0

HOTEL TOTAL: $ 0

Other Meal Expense

Other Meal Expense (Meals with receipts not included on Hotel bill)

Total Other Meal Expenses: $ 0

Transportation Expenses

- [ ] Driving Trip 1
- [ ] Driving Trip 2
- [ ] Driving Trip 3

Total Driving Miles

Total Driving Expense: $ 0

- [ ] Did you fly?

Other Transportation - *Please explain*

Other Total: $ 0

*Transportation Total: $ 0

Miscellaneous Expense

Expense Description

Expense Amount

$ 0

Expense Description

Expense Amount

$ 0

Expense Description

Expense Amount

$ 0

Miscellaneous Total

$ 0

Total Expenses

$ 0

LWOP: Health Fair Assignment **(NOTE: 3971S Must be Attached if you fill out this section)**

Date:

-Month- -Day- -Year-

# of Hours

0

USPS Level/Step

Hourly Rate

$ 0

Value of Night Differential

$ 0

Hours of Night Differential:

0

Sunday Premium

$ 0

Total LWOP

$ 0

Total Expenses and LWOP RIP

$ 0

*Less Amount Advanced

$ 0

*Amount of Reimbursement

$ 0

*Signature:

I accept that this is the legal representation of my signature.

Next Page

APWUHP Health Plan
HPR Expense Voucher Online Form (LWOP)
Page 2 of 2

All fields marked with * are required.
Attach All Receipts and 3971S form if applicable.
*Provide a brief description of your attachments.

***File Upload**

Choose Files no files selected Upload Form Attachment

Please click "choose file" to select a file. You may upload up to five files. After selecting the file, click the upload button to upload them. Click the X to delete a file.
Summary of Automobile Route:
Step By Step Directions All

TRIP 1
ORIGIN:799 Cromwell Park Drive Glen Burnie MD 21061
DESTINATION:1200 New Jersey Ave, SE Washington DC 20590
Head south (0.01 miles.)
right toward Cromwell Park Dr (0.03 miles.)
left onto Cromwell Park Dr (0.60 miles.)
left to merge onto I-97 S (0.68 miles.)
Take exit 14A-14B to merge onto MD-100 W toward Ellicott City (5.72 miles.)
Take exit 9A for MD-295 S/Balt/Wash Parkway toward Washington (0.25 miles.)
Merge onto MD-295 S (2.56 miles.)
Continue onto Baltimore-Washington Pkwy (18.19 miles.)
Keep left to stay on Baltimore-Washington Pkwy (0.48 miles.)
Continue onto MD-201 (0.26 miles.)
Continue onto State Hwy 295Entering District of Columbia (0.90 miles.)
Keep left to stay on State Hwy 295 (3.18 miles.)
Take exit 1B-C toward I-695/Route 395/Downtown (0.26 miles.)
Keep right to continue toward I-695 (0.18 miles.)
Continue onto I-695 (signs for I-395/Downtown) (0.14 miles.)
Take the exit toward M Street/Washington/Navy Yard (0.24 miles.)
left onto M St SE (0.75 miles.)
left onto New Jersey Ave SEDestination will be on the left (0.05 miles.)

Trip 1: Total ROUND-TRIP driving distance: 68.92 miles

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Previous Page SUBMIT FORM

NOTES