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(S)

Date: _____ **Activity:** _____ **Location:** _____

Event Details: _____

Address: From: _____ **To:** _____

Automobile: # of miles: _____ **at** 62.5 cents **per mile.**

Other: (Explain): _____

TRAVEL EXPENSES: _____

Date: _____ **Activity:** _____ **Location:** _____

Event Details: _____

Address: From: _____ **To:** _____

Automobile: # of miles: _____ **at** 62.5 cents **per mile.**

Other: (Explain): _____

TRAVEL EXPENSES: _____

TOTAL TRAVEL EXPENSES: _____

EXPENSE DETAILS

REIMBURSEMENT NOTE: *Staffers will be paid 75% of the meal and incidental rate for the state where the event takes place. To qualify for reimbursement, the event must be scheduled for at least six hours.* (*For more information regarding your per diem meal rate, please visit your local GSA website for more details or go to https://www.gsa.gov/travel/plan-book/per-diem-rates*).

Event Date: _____ **Event City, State:** _____ **75% of meal and incidental per diem rate:** $ _____

Event Date: _____ **Event City, State:** _____ **75% of meal and incidental per diem rate:** $ _____

TOTAL PER DIEM: $ _____

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: $ _____

HPR Retiree Rate: $22.00

# of Hours: _____

TOTAL LWOP: $ _____

TOTAL TRAVEL EXPENSES: $ _____

TOTAL PER DIEM EXPENSES: $ _____

_____

Signature

AMOUNT OF REIMBURSEMENT: $ _____