

CHECK # _____ DATE _____ AMOUNT \$ _____

AMERICAN POSTAL WORKERS UNION OF WISCONSIN, AFL-CIO

STATE OFFICER'S EXPENSE VOUCHER

NAME _____ DATE _____

OFFICE _____ PLACE _____

EVENT _____

ITEMIZE EXPENSES BELOW, RECEIPTS OR OTHER EXCEPTABLE VERIFICATION OR EXPLANATION MUST BE PROVIDED FOR EACH EXPENDITURE.

EXPENSES:

TRAVEL (AUTO) _____ MILES @ _____ A MILE ----- \$ _____

TRAVEL (AIR)----- \$ _____

HOTEL----- \$ _____

MEALS----- \$ _____

REGISTRATION----- \$ _____

TELEPHONE----- \$ _____

POSTAGE----- \$ _____

OFFICE SUPPLIES----- \$ _____

OTHER EXPENSES----- \$ _____

TAXI----- \$ _____

TOTAL PAID----- \$ _____

SIGNATURE _____ APPROVED BY _____

CONSTITUTION ARTICLE _____ SECTION _____
NORMAL MONTHLY BILL _____ EXECUTIVE BOARD APPROVAL ON _____