

CHECK # _____ DATE _____ AMOUNT _____

AMERICAN POSTAL WORKERS UNION OF WISCONSIN AFL-CIO

STATE OFFICER'S LWOP VOUCHER

NAME _____ DATE _____

OFFICE _____ PLACE _____

EVENT _____

PS FORM 3971 MUST BE ATTACHED BEFORE PAYMENT WILL BE MADE

_____ HOURS @ PER HOUR _____ \$ _____

I CERTIFY THAT I MY PAY IS AT LEVEL _____ STEP _____

SIGNATURE _____ APPROVED BY _____

CONSTITUTION ARTICLE _____ SECTION _____

EXECUTIVE BOARD VOTE _____