



EXPENSE VOUCHER

NALC BRANCH 849

Pay to _____ Date _____

Paid Time (paid at top Step-City Carrier Table 1 on pay chart) Also a copy of the sign in sheet showing attendance required per By-Laws

Date(s) Incurred _____ Reason _____

Pay rate per hour \$ _____ Hours Requested _____ Total Requested \$ _____

Mileage Rate per mile \$ _____ Number Miles (Round Trip) _____ Amount \$ _____

From _____ To _____ Reason _____

Lodging Rate per day \$ _____ Number Days _____ Amount \$ _____

Date(s) Incurred _____ Reason _____

Meals (if for more than one person, please explain)	Amount	Other Expenses Description	Amount
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total Amount \$ _____

Total Amount \$ _____

Reason _____

Reason _____

TOTAL AMOUNT THIS VOUCHER \$ _____

Voucher Submitted by _____ (Signature)

ATTACH RECEIPTS TO VOUCHER BEFORE SUBMITTING TO BILLS COMMITTEE-----

Approved by Bills Committee _____ Date _____

Approved by vote of membership (date) _____ Warrant # _____ Check # _____ Date Paid _____