



DWIGHT PALSER BRANCH 324
OF THE
NATIONAL ASSOCIATION OF LETTER CARRIERS



Expense Voucher

Date Submitted: _____

Pay to: _____

Reason: _____

Please select appropriate category

☐ **Reimbursement** Purpose: _____

☐ **Mileage** GSA Mileage Rate: \$_____ per mile Total Miles: _____

☐ **Per Diem** Purpose: _____
Location: _____
Number of Travel Days: _____ Number of Full Days: _____

☐ **Lodging** Purpose: _____
Location: _____ Number of Days: _____
Daily Rate: \$_____

☐ **Admin Pay** Purpose: _____
Number of Hours: _____ Step: _____

☐ **Salary**

☒ **Office and Administrative Expenses** Purpose: _____

☐ **Other** Purpose: _____

Total Amount: \$_____

President's Signature

Treasurer's Signature

----- Revised 2026 – PLEASE GIVE ORIGINAL TO TREASURER -----

Check Number: _____

Branch Card Used: Yes ☐ No ☒

Warrant Number: _____