



THE COLORADO STATE ASSOCIATION
OF THE
NATIONAL ASSOCIATION OF LETTER CARRIERS



EXPENSE VOUCHER

In accordance with Articles VIII and X of the by-laws of the Colorado State Association of Letter Carriers, the following expenses are allowed:

Date Submitted: _____ Pay to: _____ Reimbursement: Yes ___ No ___
(Print Name)

REASON: Check appropriate event (only one event per voucher)

Convention ___ Seminar ___ Executive Meeting ___ Stewards College ___ Other ___
Other (be specific) _____
Dates incurred _____ to _____

MILEAGE or AIRFARE

Miles (round trip) _____ Rate @ _____ TOTAL AMOUNT _____
From _____ to _____
Dates incurred _____ to _____

PER DIEM (travel days per IRS guidelines are limited to 75% of the allowed rate)

Rate Per Day _____ (x) Number of Days _____ Location _____ TOTAL AMOUNT _____
Dates incurred _____ to _____

LODGING

Rate Per Day _____ (x) Number of Days _____ TOTAL AMOUNT _____
Dates incurred _____ to _____

OFFICER ALLOWANCE/SALARY PROVIDED BY ARTICLE ___ SECTION ___

Amount _____ (Minus) SS _____ (Minus) Medicare _____ TOTAL AMOUNT _____
Hours of LWOP/Assignment Time _____ Approved by Motion Yes ___ No ___

OFFICE AND ADMINISTRATIVE EXPENSES (list amount)

Supplies _____ Printing _____ TOTAL AMOUNT _____
Postage _____ Amount _____
Other (be specific) _____

TOTAL AMOUNT THIS VOUCHER _____

VOUCHERS NEEDING RECEIPTS WILL NOT BE PAID UNTIL ORIGINAL RECEIPTS ARE ATTACHED

Voucher Submitted By	Executive Board/Officers Review & Approval	Date
_____	_____	_____
(Print name/should be person getting paid)		
_____	_____	_____
(Signature)		
_____	_____	_____
(Branch/City)		
OFFICER ___ DELEGATE ___ LCCL ___ OTHER ___		

-----REVISED 2024 -- PLEASE GIVE ORIGINAL TO TREASURER-----

Check Number: _____ Union Card Used: Yes ___ No ___ Warrant Number: _____