



**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**

<p>Voucher Submitted By _____ (Print name/should be person getting paid)</p> <p>_____ (Signature)</p> <p>_____ (Branch/City)</p> <p>OFFICER ___ DELEGATE ___ LCCL ___ OTHER ___</p>	<p>Executive Board Members Review/Approval _____ Date _____</p> <p>_____ _____ _____</p>
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-----REVISED 2024 -- PLEASE GIVE ORIGINAL TO TREASURER-----

Check Number: \_\_\_\_\_ Union Card Used: Yes \_\_\_ No \_\_\_ Warrant Number: \_\_\_\_\_