



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: _____
(Print Name)

REASON: _____

☐ **MILEAGE or AIRFARE** 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: _____

☐ **OFFICE/ADMINISTRATIVE EXPENSES** Purpose: _____

☐ **OTHER:** Purpose: _____

TOTAL AMOUNT \$ _____

(President's Signature)

(Treasurer's Signature)

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

Voucher Submitted By:

Executive Board Members Review/Approval

(Print name/should be person getting paid)

(Signature)

(Branch/City)

OFFICER ☐ DELEGATE ☐ LCCL ☐ OTHER ☐

Check Number: _____

Union Card Used: Yes ☐ No ☐

Warrant Number: _____

REVISÉD 2026 - PLEASE GIVE ORIGINAL TO TREASURER