

Warrant Number: \_\_\_\_\_

**EXPENSE VOUCHER**  
**COLORADO STATE ASSOCIATION OF THE**  
**NATIONAL ASSOCIATION OF LETTER CARRIERS**

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

CONVENTION \_\_\_\_\_ SEMINAR \_\_\_\_\_ EXECUTIVE MEETING \_\_\_\_\_

OTHER (be specific) \_\_\_\_\_

DATES INCURRED \_\_\_\_\_

**MILEAGE or AIRFARE**

MILES (round trip) \_\_\_\_\_ RATE @ \_\_\_\_\_ AMOUNT \_\_\_\_\_

FROM \_\_\_\_\_ TO \_\_\_\_\_

DATES INCURRED \_\_\_\_\_

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

RATE PER DAY \_\_\_\_\_ (X) NUMBER OF DAYS \_\_\_\_\_ (=) TOTAL AMOUNT \_\_\_\_\_

DATES INCURRED \_\_\_\_\_

**LODGING**

RATE PER DAY \_\_\_\_\_ (X) NUMBER OF DAYS \_\_\_\_\_ (=) TOTAL AMOUNT \_\_\_\_\_

DATES INCURRED \_\_\_\_\_

**OFFICER ALLOWANCE/SALARY** PROVIDED BY ARTICLE \_\_\_\_\_ SECTION \_\_\_\_\_

AMOUNT \_\_\_\_\_ (MINUS) SS \_\_\_\_\_ (MINUS) MEDICARE \_\_\_\_\_

(=) TOTAL AMOUNT \_\_\_\_\_

**OFFICE AND ADMINISTRATIVE EXPENSES** (list amount)

SUPPLIES \_\_\_\_\_ PRINTING \_\_\_\_\_ TOTAL

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 Members Review/Approval

\_\_\_\_\_  
(Print name/should be person being paid)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Branch/City)

OFFICER \_\_\_\_\_ DELEGATE \_\_\_\_\_