



National Association of Letter Carriers Branch

Reimbursement Voucher

Name: _____

Date(s) of Travel: _____

Dates	Hours Claimed	Hourly Rate	Gross Pay	Minus Taxes	Total Payment
		\$	\$	\$	\$

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Total Payment
Per Diem For Meals	\$	\$	\$	\$	\$	\$	\$

Total Miles Claimed	X . 675 (Tota)	Airfare Cost	Baggage	Parking	Taxi/Bus	Total Payment
	\$	\$	\$	\$	\$	\$

Reason For Travel: _____

Approval By: By-Laws Branch Meeting (Date: _____)

Signature of Claimant: _____ Date: _____

Total Payment: \$ _____ Branch Check # _____

Branch Officer's Approval

Recording Secretary Date

Treasurer Date

President Date

(Or Vice-President in absence of President)