



National Postal Mail Handlers Union

Division of LIUNA AFL-CIO LOCAL 300

Report of Business Expenses

Name: _____

Last 4 SS#: _____ Level: _____ Step: _____ Rate: _____

Address: _____

Branch: _____

Period: _____ Through: _____

1 Date	2 Location	3 Auto Mileage		4 Travel Parking, Tolls, Etc.	5 Postage	6 Organizational Expense	7 Salary
		# of Miles	@ Per Mile				
1)							
2)							
3)							
4)							
5)							
6)							
7)							
8)							
9)							
10)							
11)							
12)							
13)							
14)							
TOTALS BY ITEM							
FOR LOCAL HEADQUARTERS USE ONLY							

I hereby certify that the expenses reported for reimbursement are true and accurate and arose in connection with the performance of my business activities and duties.

All original vouchers and receipts to support this report are to be submitted. Please affix all receipts to a separate blank sheet of paper.

You must complete the reverse side of this form including a description of the activity or duty.

PLEASE SIGN HERE

Branch President _____

FOR LOCAL HEADQUARTERS USE ONLY

Local Treasurer _____

Check # _____	Total Expenses \$ _____	Salary Total \$ _____
Date Paid _____	\$ _____	\$ _____

Local President _____

Name: _____

Period: _____ Through: _____

NOTE: Explanation of expenses should clearly state the specific nature of the expenditure. Attach receipts and vouchers for all expenditures. For use of personal automobile: Dates of travel, Names and locations traveled to and from, Number of miles driven, Business purpose of each use. For Lost time/lost wages: Dates incurred, Specific times and number of hours claimed, Rate per hour, Purpose of lost time. "Union business" or "miscellaneous" are inadequate.

Date	Column(s)	Explanation of Expenses
1)		
2)		
3)		
4)		
5)		
6)		
7)		
8)		
9)		
10)		
11)		
12)		
13)		
14)		