

**AMERICAN POSTAL WORKERS UNION AFL-CIO
PHILA PA AREA LOCAL**

EXPENDITURE RECORD FORM

NAME _____ ASSIGNMENT/TRIP DATES _____

PURPOSE OF ASSIGNMENT/TRIP: _____

AUTHORIZED BY: _____

DESCRIPTION OF ASSIGNMENT/TRIP PURPOSE: (Explain in detail) _____

EXPENSE DETAIL	TOTAL	Receipt Attached
Meals Included on Hotel Bill # _____	\$ _____	
Other Hotel Charges: (Explain) _____		
_____	\$ _____	
	Total Hotel Charge	\$ _____
Other Meals # _____	\$ _____	\$ _____
Transportation: Auto _____ Plane _____ Other _____		
# Miles _____ @ _____¢ per mile		\$ _____
from _____ to _____		
Miscellaneous Expense (List): _____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
	Total Miscellaneous	\$ _____
	TOTAL EXPENSE	\$ _____