## **American Postal Workers Union, AFL-CIO**

Twin Cities PDC Local 7019 2825 Lone Oak Pkwy Eagan, MN 55121-9100

## **Voucher Request Form:**

Make check	k payable to	:	EIN:				
	Address						
City,	State & Zip:						
		**When requesting reimbursement for ex	xpenses	, please include	original receip	ts	
Date:	Account:	Itemize Your Request for Reimbursement:		Hours:	Salary:	Payment Amount:	
Please con	nplete the f	ollowing for reimbursement of travel expense	es. Re	ceipts requir	ed except fo	or per diem.	
		President – Eboard – GMM			•		
Travel Acti							
Travel Loca							
Travel Dates:							
Requested by:				President			
Date:				Treasurer			