

TWIN CITIES PDC LOCAL 7019 - APWU

VOUCHER REQUEST FORM Mileage & Transportation Reimbursement ONLY

NAME: _____
(Please Print)

DATE: _____

Reason for Travel: _____

Travel Location: _____

Mileage				
Date of Travel	Address and/or location traveling FROM (including city/state):	Address and/or location traveling TO (include city/state):	Total Miles per Google Maps	Amount <small>(For Treasurer use ONLY)</small>

Ground Transport and/or Luggage Fees (must include original receipts)				
Date of Travel	Type of Transportation:	From/To (include city/state):		Amount

SIGNATURE OF PERSON REQUESTING PAYMENT

DATE

FOR TREASURER USE ONLY:

EXPENDITURE AUTHORIZATION: _____

PRESIDENT

DATE

TREASURER

DATE