

# TWIN CITIES PDC LOCAL 7019, APWU

## VOUCHER REQUEST FORM

NAME: \_\_\_\_\_  
(Please Print)

EIN: \_\_\_\_\_

Date of Expense	Level & Step	Reason for Request	USPS Salary (All requests for USPS AL or LWOP must include a supervisor signed 3971)	Number of Hours	Gross Payment Amount (For Treasurer use ONLY)

The below section must be completed for all travel related requests

Travel Activity:

Travel Location:

Travel Dates:

\_\_\_\_\_  
SIGNATURE OF PERSON REQUESTING PAYMENT

\_\_\_\_\_  
DATE

### FOR LOCAL USE ONLY:

EXPENDITURE AUTHORIZATION:

\_\_\_\_\_  
PRESIDENT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
TREASURER

\_\_\_\_\_  
DATE