

# TWIN CITIES PDC LOCAL 7019 - APWU

## VOUCHER REQUEST FORM LWOP/AL Reimbursement & Flat Rate ONLY

(All requests for USPS AL or LWOP must include a supervisor signed 3971)

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

**DATE:** \_\_\_\_\_

**Travel Activity:** \_\_\_\_\_

**Travel Location:** \_\_\_\_\_

**Travel Dates:** \_\_\_\_\_

Date	Check One				Level & Step (AL/LWOP Only)	USPS Salary (Annual/LWOP Only)	# of Hours	Gross Payment Amount <small>(For Treasurer use ONLY)</small>
	L W O P	A N N U A L	F L A T	R A T E				

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

\_\_\_\_\_  
DATE

**FOR LOCAL USE ONLY:**

EXPENDITURE AUTHORIZATION: \_\_\_\_\_

\_\_\_\_\_  
PRESIDENT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
TREASURER

\_\_\_\_\_  
DATE