UNITED POSTMASTERS and MANAGERS of AMERICA

Charge to: _____

EXPENSE ACCOUNT STATEMENT

NAME:
ADDRESS:
CITY, STATE ZIP:

FROM DATE:
TO DATE:
PURPOSE:

DATE INCURRED	DESCRIPTION OF TRAVEL & EXPENSES	LODGING	TRAVEL	OTHER
	note: mileage is .54 per mile			
		Sub Total:		

Grand Total:

Note: Original Receipts should be submitted for all expenditures AND are **required** for all expenditures of $75.00 or more

I CERTIFY THAT THE ABOVE STATEMENT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE

SIGNATURE DATE

APPROVED DATE

Date Paid Ck#