

## LINITED POSTMASTERS and MANAGERS of AMERICA

United Perimaners and Managers of America	1/1/2024 Charge to:
	EXPENSE ACCOUNT STATEMENT
NAME: ADDRESS: CITY, STATE ZIP:	FROM DATE: TO DATE: PURPOSE:

DATE INCURRED	DESCRIPTION OF TRAVEL & EXPENSES	LODGING	TRAVEL	OTHER
n	ote: mileage is .67 per mile			

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Grand Total:	
Grand Total:	
Grand rotal.	

Voucher must be submitted within 30 days after the last day of the event for reimbursement.

Note: Receipts are required to be submitted for all expenditures.

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

SIGNATURE		DATE
APPROVED		DATE
	Date Paid	Ck#

Submit voucher to Secretary/Treasurer Shelly Hays 213 N Duke Ave Springfield MO 65802