UNITED POSTMASTERS and MANAGERS of AMERICA

2/3/2025
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 .725 per mile			
	Sub Total:			

Grand Total:

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