



EXPENSE VOUCHER

Charge To GL Code: _____

United Postmasters and Managers of America

Pay to the Order of: _____
 Street Address: _____
 City, State, ZIP: _____
 Telephone Number: _____

Travel Order # _____
 Date: _____
 Purpose: _____

Travel Dates	1/1/20	1/2/20	1/3/20	1/4/20	1/5/20	1/6/20	1/7/20	1/8/20	
Mileage # - Privately Owned (POV)									\$0.00
									\$0.00
									\$0.00
Airfare/Public Transportation									\$0.00
									\$0.00
									\$0.00
Hotel/Lodging									\$0.00
Cab/Airport Shuttle									\$0.00
									\$0.00
									\$0.00
									\$0.00
Other (Identify)									\$0.00
Totals Include Mileage Amount	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Instructions: Read Carefully

- A. Receipted hotel bills and all public transportation vouchers must be attached to this voucher.
- B. Expense items must be clearly and correctly identified and must represent monies actually expended on official business on behalf of the Association.
- C. When credit cards are used, receipts are to be attached to this voucher.
- D. Other expenses must be detailed below or on the reverse side.

E. A copy of the travel order must accompany each voucher.

Vouchers over 30 days must have explanation for tardiness attached and submitted through the State President to the Executive Committee for approval. Vouchers over one year old will be denied.

Signature of Payee

Certified correct in the amount of _____

Verified _____
State President

State Treasurer

This voucher must be submitted directly to the IL UPMA within 30 days.

Send completed form to: IL UPMA State President PO Box 1 Lincoln IL 62656-0001