

Fargo Area Local APWU
P.O. Box 1874
Fargo, N.D. 58107

Expense Voucher

Name:

Level & Step:

Address:

City:

State:

ZIP:

S.S. #:

Exemptions:

| DATE --> | | | | | | | | |
|--|-----|-----|------|-----|-------|-----|-----|-------|
| Items | SUN | MON | TUES | WED | THURS | FRI | SAT | TOTAL |
| LOST TIME <small>attach form 3971</small> | | | | | | | | |
| MEALS <small>attach receipt</small> | | | | | | | | |
| HOTEL <small>attach receipt</small> | | | | | | | | |
| MILEAGE <small>to and from</small> | | | | | | | | |
| POSTAGE <small>Grievances etc.</small> | | | | | | | | |
| MISC. <small>office supplies etc.</small> | | | | | | | | |

Explain reason for expense:

This is to certify that amounts shown on this statement
were incurred by me on behalf of the Fargo Area Local APWU

Signature _____

Approved by _____
(Financial Secretary)

Check# and Date _____ Amount of Check: _____

Authorized by: Constitution _____ Executive Board _____ Membership _____