

National Association of Letter Carriers
Branch 3825 Rockville, Maryland
Reimbursement for Purchases and Mileage Voucher

Date _____

Pay to: _____

Signature _____

Purchases:

Total Purchases: \$ _____

Include Receipts

Total Claimed Miles: _____

Period of Travel From: _____ To: _____

(Include Google Maps, Bing Maps, etc. printout showing total miles traveled)

Reason for travel:

Payment Authorized: Branch President/Sec-Treasurer,

Name

Signature

Date

Name

Signature

Date

For Office Use Only

Check #: _____

FED TX: _____ SOC SEC: _____

Date Paid: _____

STATE TX: _____