

**NALC SC STATE ASSOCIATION OF LETTER CARRIERS:
PAYMENT REQUEST (Voucher)**

Check File #

DATE

Submit this Voucher to the President for authorization of payment

Payable To:

Address & Phone #
(if it isn't on file)

Signature/Office Held
or job filled & Date

Date:

Explain the Purpose
with some detail as to
this payment request

Travel Expenses

Receipts required for all expenses except wages and approved per diem for meals

Dates of travel		Lodging inc Tax	# of nights		Total Lodging Exp.		<p>Per diem/Mileage rates on GSA.gov</p> <p>Receipts required for meals if travel doesn't involve an overnight stay or not approved to be paid as per diem</p> <p>Meal Breakdown is required if some meals are provided. Otherwise full per diem is paid and always 75% per diem for travel days.</p> <p>Total Per diem Meal Exp. Internet map verification for mileage reimbursement is required unless authorized otherwise.</p>
1st day	last day						
Airfare	Taxes	POV total miles		IRS Rate	Total Travel Exp.		
State/City	IRS per diem Rates	Breakfast	Lunch	Dinner	Incidentals	75% per diem	full per diem
# meals or days							
Subtotals to quantify Per diem total							

Wage Expenses

Voucher if approved is the supporting document needed for wages paid/subject to limits within By-Laws

Pay Scale = to Grade 1 Step P	# of Hours Requested	Pay for Sunday isn't normally approved	Lost Leave accrues pay for every 80 Hrs LWOP dependent upon years of service
Current Pay Scale		Total Salary&Wages	Notes

Purpose of Expense	Amount	Withholding	Total Expenses	amount
		Federal	Total Lodging Exp.	
		Soc. Sec.	Total Travel Exp.	
		Medicare	Total Travel Meal Exp	
		State	Total Salary&Wages	
		Total	Total Other Expenses	
Total Other Expenses: attach additional pages if needed			Total Expenses Before Taxes	

Sign and Print approving Officer and his/her Position

Date

Payment after Taxes

Secretary: Crystal Prater

Date

Date

President: Wayne Harlow

Treasurer: John Crader