



MILEAGE
TEXAS POSTAL WORKERS UNION
CLAIM AND PAYMENT VOUCHER

***All claims must be made on the proper forms. Page 2 of each claim voucher must be completed in detail.

Also include copy of mapquest, yahoo(mileage documentation).

Date _____

Claimant: _____

SS#: _____

Craft: _____

Amount: _____

Mileage: _____ Miles @ . _____ ¢ Per Mile

Signature of Claimant

.....

Signature of President/Designee

Date

PAYMENT ACTION

DATE PAID: _____

AMOUNT CLAIMED: _____

CHECK NO. _____

FICA _____

DEDUCTIONS: _____

AMOUNT PAID: _____

SIGNATURE of SECRETARY-TREASURER

DATE

