



Established May 30, 1899

Indiana State Association of Letter Carriers, AFL-CIO

Voucher

Name: _____

Submit completed voucher to the President of the
Indiana State Association of Letter Carriers.

Address: _____

Phone number: _____

Email: _____

Date(s)

Event/reason for incurred expenses/compensation

Authorization: _____

ADMINISTRATIVE EXPENSES			
Category	Item	Amount	
Registration fee			
Convention			
Postage			
Office Supplies			
Office Equipment			
Newsletter			
Copying/printing			
Taxes			
Donation			
Affiliation fee			
TRAVEL EXPENSES			
Item	Amount	Item	Amount
Lodging		Car rental	
Per Diem		Gas	
Meals		Parking	
Air fare		Tolls	
Taxi			
Miles driven	X	=	
Administrative Expenses	Travel Expenses	TOTAL EXPENSES:	

COMPENSATION	
PAY COMPUTATION	
Salary or Wage:	_____
Grade 2 Step 0 annual pay:	_____
Lost time hours:	_____
Hourly rate of pay:	_____
Hourly wages:	_____
Gross wages:	_____
DEDUCTIONS	
Federal withholding:	_____
State withholding:	_____
County withholding:	_____
Social Security:	County of Residence _____ Tax Rate _____
Medicare:	_____
Total deductions:	_____
NET PAY:	_____

Check Amount:
(Total Expenses plus Net Pay) _____

Signature of Payee Date

_____ Signature of President	_____ Signature of Recording Secretary	_____ Check #
_____ Signature of Chairperson of the Executive Board	_____ Signature of Treasurer	_____ Check Date