



**National Association of Letter Carriers**  
**Branch 725**  
**Southeast PA Merged**  
 2173 MacDade Blvd.- Office "C"  
 Holmes, PA 19043-1217

**Statement of Expenses**

**PLEASE ATTACH ALL RECEIPTS FOR PAYMENT**

**Assigned to Attend:** \_\_\_\_\_

**Date(s):** \_\_\_\_\_ thru \_\_\_\_\_ **TOTALS**

**Lodging:** \_\_\_\_\_ Day(s) @ \_\_\_\_\_ Per Day----- \_\_\_\_\_

**Per Diem:** \_\_\_\_\_ Day(s) @ \_\_\_\_\_ Per Day----- \_\_\_\_\_

**Mileage:** \_\_\_\_\_ Miles @ \_\_\_\_\_ Per Mile----- \_\_\_\_\_

**Airfare/Train**----- \_\_\_\_\_

**Tolls/Parking:**----- \_\_\_\_\_

**Total Reimbursement Due:**----- **( \_\_\_\_\_ )**

**Submitted By:** \_\_\_\_\_  
 (PRINT NAME)

**Signature:** \_\_\_\_\_

**Cell/Phone Number:** \_\_\_\_\_

**Roommate:** \_\_\_\_\_

**Approved By:** \_\_\_\_\_  
 (TREASURER)

\_\_\_\_\_  
 (FINANCIAL SECRETARY)

\*\*\*\*\*

**DATE PAID** \_\_\_\_\_ **CHECK NUMBER** \_\_\_\_\_ **AMOUNT PAID** \_\_\_\_\_