



**National Association of Letter Carriers
Branch 725
Southeast PA Merged**

PLEASE ATTACH ALL RECEIPTS FOR PAYMENT

REIMBURSEMENT/PAY REQUISITION

PLEASE REIMBURSE/PAY: _____

AMOUNT/HOURS: _____

REASON: _____

SERVICE DATE(S)

AUTHORIZING SIGNATURE: _____

DATE PAID _____ **CHECK NUMBER** _____ **AMOUNT PAID** _____