

OTHER COMPENSATION PAY

AMERICAN POSTAL WORKERS UNION
TEXAS POSTAL WORKERS UNION

CLAIM AND PAYMENT VOUCHER

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

Date: _____

Claimant: _____ SS#: _____

Craft: _____ Expense Dates: _____

RETIRED: YES _____ NO _____ Amount: _____

HOURS _____ @ \$ _____ Per Hour LEVEL: _____

Signature of Claimant STEP: _____

Signature
President/ Designee

DATE: _____

Payment Action

Date Paid: _____ Amount Claimed: _____

Check No: _____ FICA: _____

Deductions: _____

Signature
Secretary-Treasurer

Amount Paid: _____

Date	Employee/ Union Member	Hours of Work	Worked	Official Union Business
		Beginning Time _____ Ending Time _____		
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