Associated Chaffey Teachers
980 W. 6th Street, Suite 202
Ontario, CA 91762
909-996-4760

ASSOCIATED CHAFFEY TEACHERS

MEMBER'S EXPENSE STATEMENT

NAME OF MEETING: _____

LOCATION OF MEETING: _____

DATE(S) OF MEETING: _____

NAME: _____

WORK LOCATION: _____

ADDRESS: _____

_____

	SUNDAY	MONDAY	TUESDAY WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	TOTALS
DATE							
Breakfast							
Lunch							
Dinner							
Lodging							
Shuttle/Bus							
Plane/Train							
# of Miles							
@76¢/Mile							
Parking							
Tips							
Other*							
Subtotal							
- Advance							
Total							

Member's Signature: _____ **Date:** _____

Association Officer's Approval: _____ **Date:** _____

Updated: 7/29/2026