



ASSOCIATED CHAFFEY TEACHERS
 3281 E Guasti Rd, Suite 700
 Ontario, CA 91761-7643
 (909) 843-0563

MEMBER'S EXPENSE STATEMENT

NAME OF MEETING: _____

LOCATION OF MEETING: _____

DATE(S) OF MEETING: _____

NAME: _____ SCHOOL: _____

ADDRESS: _____

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	TOTALS
DATE								
Breakfast								
Lunch								
Dinner								
Meals Total								
Lodging								
Taxi/Bus								
Plane/Train								
# of Miles								
@70¢/Mile								
Parking								
Tips								
Other*								
SUBTOTAL								
- Advance								
TOTAL								

* Receipts for any "Other" expenses must be attached and purpose fully explained.

ATTACH LODGING AND ITEMIZED MEAL RECEIPTS & TRANSPORTATION TICKET STUBS

MEMBER'S SIGNATURE _____ DATE _____

ASSOCIATION OFFICER'S APPROVAL _____ DATE _____