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