



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

## 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								
@72.5¢/Mile								
Parking								
Tips								
Other*								
Subtotal								
- Advance								
Total								

Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Association Officer's Approval: \_\_\_\_\_ Date: \_\_\_\_\_