



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								
Lodging								
Taxi/Bus								
Plane/Train								
# of Miles								
@65.5¢/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 \_\_\_\_\_