

# Association of California School Administrators

1575 Bayshore Highway, Burlingame CA 94010

Phone (800) 608-2272, Financial Services Fax (650) 259-1029



## TRAVEL EXPENSE CLAIM – Calendar Year 2021

Check Here If New Address

Payable to (Print) \_\_\_\_\_  
First Middle Last

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of Committee or Activity \_\_\_\_\_

Location of Meeting \_\_\_\_\_ Date of Meeting \_\_\_\_\_

Regular Committee       Special Funding      Activity Number \_\_\_\_\_

DATE	HONORARIUM (Professional Fee)	MILEAGE (56¢ per mile)	AIR*	MEALS *	HOTEL*	SURFACE TRAVEL* (Parking, Taxi, etc...)	OTHER*
		Miles x 56¢ = \$ 0.00					
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		Miles x 56¢ = \$ 0.00					
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		Miles x 56¢ = \$ 0.00					
Sub-Totals	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

**TOTAL OF REIMBURSEMENT REQUEST**      \$ 0000 . 00

**(\*NO REIMBURSEMENT FOR THESE CATEGORIES WITHOUT ITEMIZED RECEIPTS)**

I hereby certify that the above is a true statement of travel expenses incurred by me in accordance with the current expense policy of ACSA and that all items shown were for official business of the association and that no expenses herein claimed were received or paid from other sources.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
 (Claim must be signed before it can be processed)

Approval of Chairperson (or Coordinator) \_\_\_\_\_ Date \_\_\_\_\_

Approval of Committee Staff Liaison \_\_\_\_\_ Date \_\_\_\_\_

**SEE REVERSE FOR FILING INSTRUCTIONS**