



ASSOCIATION OF CALIFORNIA SCHOOL ADMINISTRATORS

REGION XIV

EXPENSE FORM

Check No. _____

Name (Print): _____ Work Telephone: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Position Held: _____

Name of Committee, Meeting or Activity: _____

Directions: Please fill in the correct amount and attach receipts. If there is more than one activity or meeting, please fill out a form for each activity or meeting. See back of NCR form for explanation of categories.

EXPENSE	COST	DATE	EXPLANATION
Printing			
Office Supplies			
Travel			Mileage, Air Fare, etc.
Meals			
Lodging			
Postage			
Professional Services			
Honorarium			
Rent			
Telephone			
Miscellaneous			

Total of Reimbursement RequestK _____

I hereby certify that the above is a true statement of 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 any other source.

Signature (required): _____ Date: _____

Please return this form to Treasurer with receipts to receive reimbursement