



Mileage Rate = \$.655/mile effective 1/1/2023

**Association of California School Administrators, Region 2**

**P.O. Box 1841, Oroville CA 95965 (530) 282-5331**

**Return form to Tara.Clark, .Pollock.Pines.ESD, 2701 Amber Trail, Pollock.Pines, CA 95726**

**TRAVEL EXPENSE CLAIM**

Name (Print) \_\_\_\_\_ - N/A -  
First Middle Last SSN (required only if Honorarium is included)

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

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

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

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

DATE	GIFTS*	SUPPLIES*	MILEAGE (.655 per mile)	MEALS *	HOTEL*	PARKING	TAXI*	OTHER*
Sub-Totals								

**TOTAL OF REIMBURSEMENT REQUEST** \$ \_\_\_\_\_

**(\*NO REIMBURSEMENT FOR THESE CATEGORIES WITHOUT ATTACHED 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 any other sources.

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

Approval of Treasurer  
(or Region President) \_\_\_\_\_ Date \_\_\_\_\_

**SEE REVERSE FOR FILING INSTRUCTIONS**