Mileage Rate = $.70/mile effective 1/1/2025

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 (0.70 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