Revised: 04.05.2017

EXPENSE REPORT

MAIL CHECK TO:

Street

City State Zip

Mail to: 2601 Denali Street, Anchorage, AK 99503 or fax # 907-277-5206 or
emai:l Margaret P@afscmelocal52.org

WEEK ENDED: _____

(Signature)

(Title)

(Training or Meeting Title)

Enter Date	SHOW LOCATION AND TRAVEL FROM - TO	Transportation (Air, Ferry, taxi, Attach Receipt)	Hotel (Attach Receipt)	Per Diem (Based on travel status; receipt not needed)		Auto Expense (Personal Car)	Description (Explain & Attach Receipts as Required) (Use Supplemental Page If Needed)
				Breakfast			
				Lunch			
				Dinner			
				Breakfast			
				Lunch			
				Dinner			
				Breakfast			
				Lunch			
				Dinner			
				Breakfast			
				Lunch			
				Dinner			
				Breakfast			
				Lunch			
				Dinner			
				Breakfast			
				Lunch			
				Dinner			
				Breakfast			
				Lunch			
				Dinner			
Totals			$ -	$ -	$ -	$ -	

PLEASE INCLUDE: BOARDING PASSES, HOTEL FOLIOS, PARKING / TAXI RECEIPTS, ETC.

TRAVEL STATUS	MEAL ALLOWANCE	
As provided in the most current ASEA Policies and Procedures	Breakfast	$12.00
	Lunch	$16.00
	Dinner	$32.00

MILEAGE

ENDING _____

STARTING _____

TOTAL miles _____ x .535 =

2017 Mileage rate is .535 cents per mile

Total Expenses	$ -
Less Items Direct Billed	$ -
Net Expenses	
Reimbursement	

REQUESTS FOR REIMBURSEMENT MUST BE SUBMITTED WITHIN SIXTY (60) DAYS OF COMPLETION OF THE AUTHORIZED UNION ACTIVITY
(Ref: ASEA Policy 5.02.020B)