

EXPENSE REPORT

Name MAIL CHECK TO:

Mail to: 2601 Denali Street, Anchorage, AK 99503 or
fax # 907-277-5206 or email
Cindyb@afscmelocal52.org

(Signature)

Street _____

(Title)

WEEK ENDED: _____

City _____ State _____ Zip _____

(Training or meeting Title)

Date Submitted:

Expense Request must be Submitted within 60 Days Incurred

Enter Date	SHOW LOCATION AND TRAVEL FROM - TO	Transportation (Air, Ferry, taxi, etc. 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)
Sun						
Mon						
Tue						
Wed						
Thur						
Fri						
Sat						

Totals	\$ -	\$ -	\$ -	\$ -	
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PLEASE INCLUDE ALL SUPPORTING DOCUMENTS; BOARDING PASSES, HOTEL RECEIPTS, PARKING / TAXI RECEIPTS, ETC.	MILEAGE ENDING _____ STARTING _____ TOTAL miles _____ 0.67 \$ - 2024 Mileage rate is .67 cents per mile	<table style="width: 100%;"> <tr> <td>Total Expenses</td> <td style="text-align: right;">\$ -</td> </tr> <tr> <td>Less Items Direct Billed</td> <td style="text-align: right;">\$ ()</td> </tr> <tr> <td>Net Expenses</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>Reimbursement</td> <td style="text-align: right;">\$</td> </tr> </table>	Total Expenses	\$ -	Less Items Direct Billed	\$ ()	Net Expenses	\$	Reimbursement	\$
Total Expenses	\$ -									
Less Items Direct Billed	\$ ()									
Net Expenses	\$									
Reimbursement	\$									
TRAVEL STATUS As provided in the most current ASEA Policies and Procedures	MEAL ALLOWANCE Breakfast \$16.00 Lunch \$21.00 Dinner \$37.00									