

EXPENSE REPORT

Name MAIL CHECK TO:

Mail to: 2601 Denali Street, Anchorage, AK 99503 or
fax # 907-277-5206 or email
MargaretP@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		\$ -	\$ -	\$ -	\$ -	

PLEASE INCLUDE ALL SUPPORTING DOCUMENTS; BOARDING PASSES, HOTEL RECEIPTS, 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 _____ 0.58 \$ -
2019 Mileage rate is .58 cents per mile

Total Expenses

\$ -

Less Items Direct Billed

\$ ()

Net Expenses

\$

Reimbursement

\$