EXPENSE REPORT

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

Name MAIL CHECK TO:

Street

City State Zip

WEEK ENDED: _____

(Signature)

(Title)

(Training or meeting Title) Date Subitted:

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	$16.00
	Lunch	$21.00
	Dinner	$37.00

MILEAGE

ENDING _____

STARTING _____

TOTAL miles _____ 0.70 $ -

2025 Mileage rate is .70 cents per mile

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