

EXPENSE REPORT

Name MAIL CHECK TO:

Street _____

City _____ State _____ Zip _____

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

(Signature) _____

(Title) _____

(Training or meeting Title) _____ Date Submitted: _____

WEEK ENDED: _____

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 _____ 0.725 \$ - 2026 Mileage rate is .725 cents per mile	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	