



ASB Statement of Travel Expenses

Type or print in ink

Name _____ School/Dept/Position _____

Destination _____ Purpose _____

Departed/Began Travel Status: _____ Date: _____ Time: _____ Employee ID # _____
 Returned/Ended Travel Status: _____ Date: _____ Time: _____

(Note: If you are claiming entitlement to all three meals in any one given day, you may claim the total per diem in the "Total for Day" column. If any meals are provided as part of registration expense, traveler should adjust meals claimed accordingly.)

Total Day Per Diem In-State \$64 Out-of-State \$69	Date		Breakfast	Lunch	Dinner	TOTAL for Day
			In-State/\$15 Out-of-State/\$16	In-State/\$18 Out-of-State/\$19	In-State/\$31 Out-of-State/\$34	
First Day/ Day 1						
Day 2						
Day 3						
Day 4						
Day 5						
Day 6						
Day 7						
SUBTOTAL						

*Hotel/Lodging (Omit if paid by District) _____

*Travel via Air _____ Baggage _____
 (Omit if paid by District)

Personal Vehicle _____ Miles @ _____ ¢ per mile _____

*Registration (Omit if paid by District) _____

*Other (please specify): _____

Deduct: Travel Advance _____

***Itemized receipts must be attached.**

GRAND TOTAL

FOR ACCOUNTING OFFICE USE ONLY:

Account Code: _____

I hereby certify under penalty of perjury that this is a true and correct claim for necessary expenses incurred by me and that no payment has been received by me on account thereof.

Employee Signature

Date