

**APPENDIX D**

**ASSOCIATED CHINO TEACHERS  
Member Expense Statement**

Date & Location of Meeting

Name of Conference/Workshop

Name

Address

DATE	SUN /	MON. /	TUES. /	WED. /	THURS. /	FRI. /	SAT. /	Total Each Line
Breakfast								
Lunch								
Dinner								
Lodging								
Shuttle/Taxi								
Airfare								
Auto Mileage								
Parking								
Portage								
<b>TOTAL</b>								
# of Miles								

*Attach Lodging Receipts & Transportation Ticket Stubs.  
Maximum Daily for meals \$65.00.  
This form must be returned within thirty (30) days of the conference.*

**For Accounting Use Only**

Maximum Amount Payable	
Advance Amount Received	
Total Amount Due Member	
Total Amount Due A.C.T.	

Treasurer Verification: \_\_\_\_\_ Date \_\_\_\_\_

President Approval \_\_\_\_\_ Date \_\_\_\_\_

Attendance Verified \_\_\_\_\_ Date \_\_\_\_\_