

Date Received

2021 Expense Reimbursement Form

Please note: a **signed** reimbursement request must be RECEIVED at the Academic Senate Office no later than 20 days following the event for which the expenses were incurred, OR No later than July 10th for events occurring between June 1st -30th. Requests received after the applicable deadline will NOT be honored.

***Itemized receipts required for all claimed expenses. Meals paid at actual receipt amount, up to maximum. ASCCC does not pay a per diem. Submit form and receipts to: accountant@asccc.org**

Name: _____ Dates of Travel: _____
 Mailing Address: _____ City & Zip: _____
 Day Phone: _____ Email Address: _____
 Purpose of Travel: _____ College: _____
 Destination: _____ Person in Charge of Meeting: _____

TRAVEL EXPENSES

| | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Line Total |
|---------------------------------|--------|--------|---------|-----------|----------|--------|----------|---------------------|
| Date | / | / | / | / | / | / | / | |
| Breakfast – Max \$13.00 | | | | | | | | |
| Lunch – Max \$14.00 | | | | | | | | |
| Dinner – Max \$23.00 | | | | | | | | |
| Lodging | | | | | | | | |
| Ride-share/Taxi | | | | | | | | |
| Airfare/Train | | | | | | | | |
| Parking | | | | | | | | |
| Incidentals** \$5.00/day | | | | | | | | |
| Mileage (\$) | | | | | | | | |
| Totals | | | | | | | | |
| Number of Miles*** \$0.56/mi | | | | | | | | Travel Total |

Check here if the Academic Senate was used to make flight arrangements. Do not include in costs above.

OTHER EXPENSES: Must include full description below and itemized receipts to be eligible for reimbursement:

| Description | Purpose | Amount |
|---------------------|---------|--------|
| | | |
| | | |
| Grand Total: | | |

**** Incidentals permitted for ASCCC Executive Committee Only.**

***** Attach Google Maps, or similar printout, to support total miles requested for reimbursement.**

I certify that I incurred the costs above and all itemized receipts and reports are attached, as necessary, and that all expenses submitted are for business related to Academic Senate activities.

Your Signature: _____

Return to: accountant@asccc.org
 Academic Senate for California Community Colleges
 One Capitol Mall, Suite 230, Sacramento, CA 95814
 Phone: (916) 445-4753 / Fax: (916) 323-9867
 Rev. 01.2021

| FOR OFFICE USE ONLY | |
|---------------------|--------|
| Account | Amount |
| | |
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