



2023 Expense Reimbursement Form

Please note: a **signed** reimbursement request must be RECEIVED at the Foundation 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. Refer to https://www.asccc.org/sites/default/files/2023_ASCCC_Expense_Policy.pdf for allowable travel reimbursements. 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

Date	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Line Total
	/	/	/	/	/	/	/	
Max Daily Meals \$54.00								
Lodging								
Ride-share/Taxi								
Airfare/Train								
Parking								
Incidentals** \$5.00/day								
Mileage (\$)								
Totals								
Number of Miles*** \$0.655/mi								Travel Total

Check here if Foundation of 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 FASCCC Executive Committee Only.

*** Attach Google Maps, or similar printout, to support total miles requested for reimbursement. **Max Mileage reim \$300 (458 Miles) See Expense Reim Policy.**

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 Foundation of the Academic Senate activities.

Your Signature: _____