

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								
TOTAL								
# 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