

2024 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. Refer to https://www.asccc.org/sites/default/files for allowable travel reimbursements. Submit form and receipts to: accountant@asccc.org

Name: Mailing Address: Day Phone: Purpose of Travel: Destination:				Email Address:													
												T					
										Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Line Total
									Date	/	/	/	/	/	/	/	
									Max Daily Meals \$54.00								
Lodging																	
Ride-share/Taxi																	
Airfare/Train																	
Parking																	
Incidentals** \$5.00/day																	
Mileage (\$)																	
Totals																	
Number of Miles***								Travel Total									
\$0.67/mi																	
☐Check here if ASCCC paid	-	_															
OTHER EXPENSES: Must i	nclude full des	cription below	and itemized r	eceipts to be elig	jible for reimbu	ursement:		<u> </u>									
Description		Purpos	Purpose					Amount									
							Grand Total:										
** Incidentals permitted for *** Attach Google Maps, or				acted for raimbu	reament May	Miloogo vois	n ¢200 Coo Evn										
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I certify that I incurred t submitted are for busing					attached, as ne	ecessary, and	d that all expens	ses									
Your Signature:																	
Return to: accountant@as																	
Academic Senate for Califo	rnia Communit	v Colleges															

Phone: (916) 445-4753 / Fax: (916) 323-9867 **REV 01.2024**

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