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# TRAVEL EXPENSE CLAIM FORM

## INSTRUCTIONS

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- GENERAL** This form is to be used by individuals traveling on ACSA business. In order to expedite your claim, please follow the steps below:
- 1) Sign the expense claim after completing form and attaching itemized receipts.
  - 2) Submit for approval immediately after each trip.
    - a) ACSA employee: Immediate Supervisor
    - b) Non-employee: ACSA Contact/Staff Liaison
  - 3) The approved reimbursement will be forwarded to finance Department in Sacramento.
  - 4) Out-of-state travel must be approved in writing in advance by the Executive Director.
  - 5) Prior to submitting, retain a copy for your records.

All expense claims should be submitted within **five working days** from the time incurred in order to be reimbursed on a timely basis.

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### ITEMIZED RECEIPTS FOR ALL EXPENSES MUST BE ATTACHED TO THE EXPENSE VOUCHER

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- AIR TRAVEL** Air Travel should be used only if it's the least expensive way to travel. It is most cost effective to book flight reservations early. Therefore, ACSA asks that you book your flight at least **one month in advance** in order to obtain the lowest fare. First class or business class seat selections on flights will not be reimbursed.
- RENTAL** Rental Cars should be utilized in cases where it's more economical than air travel or mileage reimbursement. Select the most economical vehicle available. Gasoline costs for rental cars only (vs. personal vehicle) will also be reimbursed.
- MILEAGE** Mileage will be reimbursed by the rate determined by ACSA and should not exceed the comparable air travel rate and/or cost of a rental car. Mileage will also be reimbursed to and from the airport if you do fly.
- LODGING** Lodging should be chosen at properties where special ACSA room rates have been established. Reimbursement for overnight hotel accommodations is authorized only if the meeting is more than one day or if travel arrangements necessitate staying overnight and need to be approved in advance by the Council President and/or Staff Liaison.
- MEALS** While traveling on ACSA business, reasonable expenses for meals will be reimbursed with a copy of itemized receipts for each meal. Per IRS requirements, please note on the receipt the attendee names in your party and the business purpose of the meal.
- OTHER** For incidentals such as postage; bridge tolls and gratuities other than for meals, **itemized receipts for \$25 or more are required**. An explanation must be provided on the expense report as to the nature of the expense.

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### THE FOLLOWING EXPENSES WILL NOT BE REIMBURSED:

- \* Early Check-In for Flights and/or Hotel Rooms
  - \* First or Business Class Seat Selection on Flights
  - \* Limousine Service
  - \* Hotel Mini-Bar Items
  - \* Hotel Movie Rentals
  - \* Hotel Spa Services
  - \* Hotel Laundry Services
  - \* Any Personal Expenses
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# Association of California School Administrators

1029 J Street, Ste 500, Sacramento, CA 95814

Phone (800) 608-2272, Fax (650) 729-1141    [accountspayable@acsa.org](mailto:accountspayable@acsa.org)



## TRAVEL EXPENSE CLAIM

Check Here If New Address

Payable to (Print) \_\_\_\_\_  
First Middle Last

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of Committee or Activity \_\_\_\_\_

Location of Meeting \_\_\_\_\_ Date of Meeting \_\_\_\_\_

Program Number: \_\_\_\_\_

DATE	HONORARIUM (Professional Fee)	MILEAGE (67¢ per mile)	AIR*	MEALS *	HOTEL*	SURFACE TRAVEL* (Parking, Taxi, etc...)	Other*	Notes*
		Miles x 67¢= \$ 0.00						
		Miles x 67¢= \$ 0.00						
		Miles x 67¢= \$ 0.00						
		Miles x 67¢= \$ 0.00						
		Miles x 67¢= \$ 0.00						
		Miles x 67¢= \$ 0.00						
		Miles x 67¢= \$ 0.00						
<b>Sub-Totals</b>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	

**TOTAL OF REIMBURSEMENT REQUEST**    \$ 0.00

**(\*NO REIMBURSEMENT FOR THESE CATEGORIES WITHOUT ITEMIZED RECEIPTS)**

I hereby certify that the above is a true statement of travel expenses incurred by me in accordance with the current expense policy of ACSA and that all items shown were for official business of the association and that no expenses herein claimed were received or paid from other sources.

Signature \_\_\_\_\_ Date \_\_\_\_\_

(Claim must be signed before it can be processed)

Approval of Non-employee ACSA \_\_\_\_\_ Date \_\_\_\_\_

Approval of Supervisor \_\_\_\_\_ Date \_\_\_\_\_

Approval for Out of State (if applicable) \_\_\_\_\_ Date \_\_\_\_\_

**SEE REVERSE FOR FILING INSTRUCTIONS**