



Alaska Association of School Librarians Expense Claim Form

Complete and forward to:

Alaska Association of School Librarians
 c/o Kerri Geppert, Treasurer
 22444 Deer Park Drive
 Chugiak, AK 99567

Name: _____ Date: _____
 Address: _____ Position: _____
 _____ Activity: _____

TRAVEL EXPENSES – Receipts required for air fare and lodging; requested for meals, taxi, etc.
OTHER EXPENSES – Itemized expenses and attach bills or receipts. If someone other than you is to receive payment, give name, address and any necessary explanation in the “comments” section.

TRAVEL EXPENSES: Inclusive dates from _____ to _____

Date	Airfare	Lodging	Brkfst. (\$9.00)	Lunch (\$11.00)	Dinner (\$22.00)	Miles (.36)	Total

OTHER EXPENSES:

Date	Description	Amount
TOTAL		

I, the undersigned, do hereby certify that this claim is a just, due and unpaid obligation against the Association of School Librarians. I certify that it is a correct claim for expenses incurred by me and that no payment has been received on account thereof.

CLAIMANT’S SIGNATURE _____

Comments or explanation: _____

OFFICE USE ONLY	
Approved by _____	Date paid _____
Account charged _____	Check # _____