

Alaska Library Association Expense Claim Form

Complete in full and forward to: Patricia Linville,
AKLA Treasurer
Seward Community Library
Box 2389 Seward, AK 99664

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

TRAVEL EXPENSES – **Original receipts** are required for air fare, lodging, meals, taxi, etc. For mileage reimbursement use odometer or online map resource and AK. state. rate – no receipt required.

OTHER EXPENSES – Itemized expenses and attach bills or receipts. If someone other than yourself is to receive payment, give name, address and any necessary explanation in the “comments” section.

TRAVEL EXPENSES: Inclusive dates from _____ to _____

| Date | Fare | Lodging | Bkft | Lunch | Dinner | Miles | \$ amt | Misc | 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 Alaska Library Association. 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 _____

| | |
|-----------------------|-----------------|
| Approved by _____ | Date paid _____ |
| Account charged _____ | Check # _____ |