



# Alaska Association of School Librarians Expense Claim Form

Complete and forward to:

Alaska Association of School Librarians  
AkAsl Treasurer  
PO Box 101085  
Anchorage, AK 99510-1085

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* (.555)	Total

**OTHER EXPENSES:**

Date	Description	Amount
<b>TOTAL</b>		

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: \_\_\_\_\_

\_\_\_\_\_

<b>OFFICE USE ONLY</b>	
Approved by _____	Date paid _____
Account charged _____	Check # _____

\*based on 2012 Internal Revenue Service 2012 optional standard mileage rates