association of california school administrators | region 5

(For Region 5 Only)

TRAVEL EXPENSE CLAIM – Calendar Year 2023-24

Payable to (Print)

_____, _____Charter_____
Last Name First Name

Address_____ City_____ Zip Code_____

Phone_____ Email_____

Please reimburse me for the following expenses on behalf of Region 5:

Date	Mileage (65.5 per mile)	Air	Meals	Hotel	Surface Travel (Parking/Taxi)	Other
Sub-total						

Total of Reimbursement Request $_____
(Please attach Receipts)

These expenditures are for activities/events authorized business of Region 5; no expenses listed above were received or paid from any other source.
All region reimbursements request with receipts must be submitted by Wednesday, May 31, 2024.

Member Signature_____ Date_____

Send completed form to Region 5 Treasurer and Region Consultant for budget review and processing.

Budget review (Region 5 Treasurer /Region Consultant)

Signature: _____ Date: _____
Region 5 Treasurer or Consultant