

Association of Alaska School Boards Expense Reimbursement Claim Form for Non-Staff

Claimant Name: _____ Date Submitted: _____

Payable to: _____

Mailing Address: _____

Purpose/Place/Dates of Travel: _____, _____

STEPS partners will be reimbursed for the highlighted expenses. Lunch and dinner on May 14th will be provided along with breakfast and lunch on May 15th.

Activity	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Totals
Date								
Airfare								
Mileage *								
Rental Car								
Taxi								
Parking								
Hotel								
Breakfast								
Lunch								
Dinner								
Tips								
Misc.								
TOTALS								

Comments: _____

Amount Due Claimant _____

- **Attach ALL receipts to this form.**
- **Include ALL charges relevant to this trip.**
- *Mileage 54 cents per mile
- The AASB Board of Directors' policy on reimbursable business trip expenses is summarized on the reverse side of this claim form.

I hereby certify that this claim form is a true statement of authorized expenses incurred on AASB business travel.

Claimant Signature (Your typed name constitutes your signature)

Please complete and return to:
Association of Alaska School Boards
ATTN: Diana Miller
1111 W. 9th St.
Juneau, Alaska 99801-1811