Antelope Valley Teachers Association
1027 W. Lancaster Blvd.
Lancaster, CA 93534

MEMBER TRAVEL EXPENSE STATEMENT
(Submit within 30 days of travel)

Member: _____

Address: _____
Street City State Zip Code

Contact email: _____ Phone: _____

Business Purpose: _____

DATE	SUN /	MON /	TUES /	WED /	THUR /	FRI /	SAT /	TOTAL
Breakfast	$	$	$	$	$	$	$	$
Lunch								
Dinner								
Lodging								
Shuttle								
Airfare								
Mileage								
Parking								
Portage								
Copying								
Postage								
Other								
Total Expense								$
Less: Advance								($)
Net Amount								$
# of Miles								

Attach Receipts. The actual Statement is required for "Lodging."

SIGNATURES:

Member Signature _____ Date _____

AVTA President _____ Date _____

AVTA Treasurer: _____ Date _____

Accounting Use Only:

Check Number _____

Check Date _____

Account Code: _____