

Alaska Library Association Expense Claim Form

Complete in full and forward to: Catherine Powers, Treasurer
 Alaska Library Association
 P. O. Box 2722
 Bethel, AK 99559

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 # _____