



Vista Teachers Association • 2141 Industrial Court, Suite C • Vista, CA 92081

**ATTACH RECEIPTS**

**MEMBER EXPENSE STATEMENT**

Date and Location of Meeting/Conference \_\_\_\_\_

Name of Group/Committee Meeting/State Council/Conference attended \_\_\_\_\_

Name \_\_\_\_\_ Please Print School Site \_\_\_\_\_

Address \_\_\_\_\_ Street City Zip

DATE	Sunday /	Monday /	Tuesday /	Wednesday /	Thursday /	Friday /	Saturday /	Total Each Line
Breakfast	\$	\$	\$	\$	\$	\$	\$	\$
Lunch								
Dinner								
Lodging								
Shuttle								
Airfare								
Auto Mileage (\$)								
Parking								
Portage								
Other**								
TOTAL Expenses								
Less: Advance								
# of Miles								Total Due \$

\*Applies to Pre-Approved reimbursements by Executive Board.

\*\* Other: \_\_\_\_\_

<b>APPROVALS</b>
Dates Listed/Attendance Verified: (Consultant)
Dept. Approval

ATTACH LODGING AND ITEMIZED MEAL RECEIPTS & TRANSPORTATION TICKET STUBS

Member's Signature _____	Date _____
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**Accounting Office Use Only**

Approval: \_\_\_\_\_

Check # \_\_\_\_\_

All supporting reimbursement documents recieved and approved YES NO