

ASB Guidelines Travel Expense Reimbursement

Name:	Date:
Site/Location:	
Expenses incurred from (date):	to (date):
Purpose:	

Allowable expenses include the following:

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Transportation	<u>Group</u> meals
Lodging	Incidentals (at the discretion of ASB review)
Registration Fees	

*Allowable expenses are "<u>directly linked to the students benefit</u>" and "will benefit a group of students rather than individuals". (FCMAT 2014-2015)

Advisor/Chaperone expenses will be subject to the following daily limits: Meals \$51 per day *may be adjusted for location per USGSA guidelines \$5 daily incidentals Mileage reimbursement= .575 per mile (Mapquest report showing total miles required)

Excluded expenses:

AlcoholGasCash backAny credit card receipts without an itemized detail of items purchasedGift cards*ASB reserves the right to exercise discretion over the validity of any expenseTips in excess of 15% as per AR 3.9

All original receipts must be submitted with a completed ASB Invoice for reimbursement.

I have read and understand these guidelines. (name)______(date)_____

Is CUSD Transportation Required for your Trip? _____ PO# for Transportation: _____

Is a substitute required for your trip?_____ PO# for subs:_____