

ACEI Executive Board Meeting Travel Expense Claim

Date _____ Place _____

Payable To: Name _____

Address _____

City _____ State _____ Zip _____

Airline Ticket (If not purchased through ACEI Travel Agent) _____

Mileage (Total miles _____ @ 42¢ per mile) _____

Fares (Limousine, taxi) _____

Parking _____

Meals Per Diem for meals not provided by ACEI
(\$7.00-breakfast, \$9.00-lunch, \$19.00-dinner) _____

Other (please specify) _____

Total Claimed \$ _____

Remember to attach all receipts, copy of airline ticket, etc. to this form and deduct any travel advances received.

Executive Board members' hotel accommodations (room and tax) are covered for single occupancy. Any incidentals are the responsibility of each individual.

Accounting Use
Amt. pd. \$ _____
Date pd. \$ _____
Check # _____