



American Scientific Glassblowers Society Travel Reimbursement Request

ASGS Event: _____ Location: _____

Expense Date	Start Location	Expense Category	TOTAL COST
		Air Fare	\$ _____
		Personal Vehicle (see below)	\$ _____

Personal Vehicle Mileage Calculator

FROM (Location): _____ TO (Location): _____
 RT MILES: _____ x \$.51/mile = \$ _____ (Round Trip)

	Hotel: _____ Cost/Night: \$ _____ x _____ (Nights) \$ _____						
	Transportation: _____ Cost: \$ _____ x _____ (Ways) \$ _____						
	Other Expense: _____ \$ _____						
	Other Expense: _____ \$ _____						
Is this a budgeted or board approved expense? <input type="checkbox"/> Yes, Account Number: _____ <input type="checkbox"/> No, Who Approved: _____ Account Number: _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 70%;">Total Travel Expenses</td> <td style="width: 30%;">\$ _____</td> </tr> <tr> <td>Less Section Reimbursement</td> <td>\$ _____</td> </tr> <tr> <td>Net Reimbursement Requested</td> <td>\$ _____</td> </tr> </tbody> </table>	Total Travel Expenses	\$ _____	Less Section Reimbursement	\$ _____	Net Reimbursement Requested	\$ _____
Total Travel Expenses	\$ _____						
Less Section Reimbursement	\$ _____						
Net Reimbursement Requested	\$ _____						

*I have attached or supplied receipts regarding this request for reimbursement.
 To the best of my knowledge this request complies with ASGS guidelines.*

Requestor's Signature: _____ Date Submitted: _____
 Please make check payable to: _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____
 Treasurer Signature: _____ Check #: _____ Date Issued: _____

(June 2011)