

ASB FUND REQUEST FOR ADVANCE TRAVEL EXPENSE

Name of Applicant	_____	Date Requested	_____
Reason for Request	_____	ASB Account	_____
Location of Activity	_____	ASB Account Code	_____
Date of Departure	_____	Date of Return	_____

ANTICIPATED EXPENSES

Registration Fee		Advance Amount Requested	
_____ People attending X	_____ fee per person =		\$ _____
Meals			
_____ People attending X	_____ meals per person X	_____ cost per meal =	\$ _____
Lodging			
_____ People attending X	_____ rate per person X	_____ # days attending =	\$ _____
Travel			
_____ Rate per mile X	_____ total miles X	_____ # vehicles =	\$ _____
Other Expenses: Please be specific			\$ _____

ALL SIGNATURES MUST BE PROVIDED BEFORE ADVANCE WILL BE ISSUED

ASB Business Manager

ASB Secretary/Bookkeeper

Activity Advisor

Primary Advisor

BUSINESS OFFICE USE ONLY	
Check Number	_____
Amount of Check	_____
Date Issued	_____

BUSINESS OFFICE USE ONLY	
Travel Advance Amount	_____
Expenditures	_____
Amount Due District/Claimant	_____
Date Received	_____