

Chapter Expense Claim Instructions

For expenses billed to the Chapter. Requires Chapter President approval.

GENERAL

- 1) **CLEARLY** print your name, mailing address and email address.
- 2) **Date:** Indicate each date on which expenses were incurred.
Time Depart: Show the hour at which you departed your home for the event.
Time Return: Show the hour at which you returned to your home from the event.
- 3) Expense claims must be submitted no later than 30 days following the date the expenditures were made. Late claims must be approved by ACSS' Secretary/ Treasurer or President.
- 4) Items on the expense claim that are not accompanied by the required receipts will be deducted from the claim.

LODGING

- 1) **Line 1. Room:** The regular allowance is up to CalHR's published state rates for excluded employees plus tax per night or the negotiated rate. Lodging other than Delegate Assembly shall not be allowed if residence is within 40 miles from meeting location, unless expressly authorized by the Chapter President. Only actual expense within the above limits is reimbursed and receipts are required.
- 2) **Line 2. Incidentals:** Claim \$12 for incidentals for any 24-hour period involving a lodging claim. (For example, do not claim incidentals on the day you are checking out of the hotel.)

MEALS

- 1) Individual meal allowances including tax and tip are:
Line 3. Breakfast: \$14 per day. (Breakfast may not be claimed if departure is after or return is prior to 8 am.)
Line 4. Lunch: \$16 per day. (Lunch may not be claimed if departure is after or return is prior to noon.) Do not claim lunch that is provided by ACSS.
Line 5. Dinner: \$25 per day. (Dinner may not be claimed if departure is after or return is prior to 7 pm.)
- 2) If meals are claimed for more than one person, show the number of meals claimed and list the names of each person for whom the meals were purchased in the **comment** section. Receipt is required.

TRAVEL

- 1) **Line 6. Common Carrier:** Enter the cost of your airfare (or bus fare, etc.). Note the method of transportation in the **comment** section below. (For example,

Southwest Airlines or Greyhound Bus, etc.) **Original receipts are required.** Airfare rates are reimbursable at the "coach" rate or "Wanna Get Away" rate on Southwest Air. Business Fare or other higher rate fares are not reimbursable.

- 2) **Line 7. Shuttle:** Actual expenses for an Airport Shuttle are reimbursable. **Original receipts are required.** If shuttle expenses are claimed for more than one person, show the number of people claimed and list the names of each person for whom the airporter transportation was shared in the **comment** section.
- 3) **Line 8. Personal Car:** Personal vehicle costs are reimbursed at the current IRS standard mileage rate and shall not exceed the common carrier rate. Indicate the number of miles traveled in the **comment** section. The total dollar amount is entered on Line 8 for that day of travel. *Only one person (the driver) is eligible to claim the mileage reimbursement in a personal car.*
- 4) **Line 9. Parking:** Parking is reimbursable. Amounts in excess of \$9 per day **require original receipts.**
- 5) **Line 10. Bridge tolls:** Bridge tolls are reimbursable. No receipts are required for bridge tolls.
- 6) **Line 11. Ride-Sharing Service (ie Lyft or Uber):** Actual expenses for Ride-Sharing Services are reimbursable. **Original receipts are required.** If ride-sharing expenses are claimed for more than one person, show the number of people claimed and list the names of each person for whom the airporter transportation was shared in the **comment** section.

MISC.

- 1) **Line 12. Internet:** This expense is only reimburseable with prior approval.
- 2) **Line 13. Other (explain):** Other expenses of an unusual nature, upon approval of the ACSS Secretary/ Treasurer or President, may be reimbursed when appropriately recorded and adequately explained.

TOTAL:

- 1) Calculate the expenses claimed for **each day**. Calculate the **Total expenses**. Subtract any **Travel advances**. Note the **Balance due** to the member or ACSS.
- 2) **Each claimant must SIGN the certification statement in the column at the right side of the form.**
- 3) **Chapter President MUST approve the claim, either by signature on the form or by written email submitted to acss@ACSS.org.**
- 4) **All expense claim forms are approved by the Executive Director.**

Further information on expense reimbursement is outlined in the ACSS Operating and Procedure File under SECTION V. ACSS ASSOCIATION TRAVEL EXPENSE.



ASSOCIATION OF CALIFORNIA STATE SUPERVISORS

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CHAPTER EXPENSE CLAIM

ACCOUNTING USE ONLY

Name (print) _____ Date _____

Mailing Address _____ City _____ Zip Code _____

E-mail Address _____ Phone Number _____

Date					
Location					
Time Depart					
Time Return					
Activity					
Activity Code					
	LODGING	LODGING	LODGING	LODGING	LODGING
1. Room	_____ _____	_____ _____	_____ _____	_____ _____	_____ _____
2. Incidentals.....	_____ _____	_____ _____	_____ _____	_____ _____	_____ _____
	MEALS	MEALS	MEALS	MEALS	MEALS
3. Breakfast.....	_____ _____	_____ _____	_____ _____	_____ _____	_____ _____
4. Lunch.....	_____ _____	_____ _____	_____ _____	_____ _____	_____ _____
5. Dinner.....	_____ _____	_____ _____	_____ _____	_____ _____	_____ _____
	TRAVEL	TRAVEL	TRAVEL	TRAVEL	TRAVEL
6. Common Carrier	_____ _____	_____ _____	_____ _____	_____ _____	_____ _____
7. Airporter.....	_____ _____	_____ _____	_____ _____	_____ _____	_____ _____
8. Personal Car.....	_____ _____	_____ _____	_____ _____	_____ _____	_____ _____
9. Parking.....	_____ _____	_____ _____	_____ _____	_____ _____	_____ _____
10. Bridge Tolls.....	_____ _____	_____ _____	_____ _____	_____ _____	_____ _____
	MISCELLANEOUS	MISCELLANEOUS	MISCELLANEOUS	MISCELLANEOUS	MISCELLANEOUS
11. Taxi cabs	_____ _____	_____ _____	_____ _____	_____ _____	_____ _____
12. Internet	_____ _____	_____ _____	_____ _____	_____ _____	_____ _____
13. Other (explain).....	_____ _____	_____ _____	_____ _____	_____ _____	_____ _____
TOTAL	_____ _____	_____ _____	_____ _____	_____ _____	_____ _____

I hereby certify that this is a true statement of travel expenses incurred by me in accordance with the current travel expense policy of the Association during the period of this claim, that all items shown were for official business of the Association, and that no expenses herein were received or paid from any other source.

Signature _____
Title _____

Total expense this page _____
Total attached pages _____
Grand total expenses _____
Less - Travel advances _____
Balance Due | Member _____
 | Chapter _____

APPROVED _____

Date	Item	Comment