

ACSS Lobby Day Member Expense Claim Instructions

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 Lobby Day. 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: Hotel room is master billed for this event.**
You do not need to enter anything in this box.
- 2) **Line 2. Incidentals:** Claim \$12 for incidentals for any 24-hour period involving a lodging claim.

MEALS

- 1) Individual meal allowances including tax and tip are:
Line 3. Breakfast: \$14 per day. You may claim breakfast on the first day if the departure from your home is before 8 a.m. On the morning of Lobby Day, breakfast is "on-your-own" and all attendees can claim \$14.
Line 4. Lunch: \$16 per day. You may claim lunch on the first day if the departure from your home is before noon. On Lobby Day, lunch will be provided by ACSS.
Line 5. Dinner: \$25 per day. On the first day, dinner will be provided by ACSS. On Lobby Day, you may claim dinner if you arrive at home after 8 p.m.
- 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.**
- 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. 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.

MISC.

- 1) **Line 11. Taxi Cabs:** Taxi fares are authorized only when no other transportation is practical or available. **Original receipts are required.** If taxi 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.
- 2) **Line 12. Internet:** This expense is only reimbursable with prior approval.
- 3) **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) **All Lobby Day expense forms are approved by the Executive Director.**



1108 O Street, Suite 400 | Sacramento, CA 95814 | (916) 326-4257



**ASSOCIATION OF
CALIFORNIA
STATE SUPERVISORS**

1108 O Street, Suite 400 | Sacramento, CA 95814 | (916) 326-4257

**LOBBY DAY
MEMBER EXPENSE CLAIM**

ACCOUNTING USE ONLY

Name (print) _____ Date _____

Mailing Address _____ City _____ Zip Code _____

E-mail Address _____ Phone Number _____

Date			
Location	Sacramento	Sacramento	
Time Depart			
Time Return			
Activity	Lobby Day	Lobby Day	
Activity Code	22	22	
1. Room	LODGING Master Billed	LODGING Master Billed	
2. Incidentals.....	_____ _____	_____ _____	
3. Breakfast.....	MEALS _____ _____	MEALS _____ _____	
4. Lunch.....	_____ _____	Provided by ACSS	
5. Dinner	Provided by ACSS	_____ _____	
6. Common Carrier	TRAVEL _____ _____	TRAVEL _____ _____	
7. Shuttle.....	_____ _____	_____ _____	
8. Personal Car.....	_____ _____	_____ _____	
9. Parking.....	_____ _____	_____ _____	
10. Bridge Tolls.....	_____ _____	_____ _____	
11. Taxi cabs	MISCELLANEOUS _____ _____	MISCELLANEOUS _____ _____	
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 _____

Total expenses	_____
Less - Travel advances	_____
Balance Due	Employee
	ACSS

APPROVED _____