



MEETING EXPENSE REPORT

Full Name of Attendee: _____

Facility Name: _____

Address: _____

Meeting Details Name: _____

Date: _____

Location: _____

Expense Details Mileage: _____ **Miles @ .54¢ per mile** **\$** _____

Coach Air Fare (roundtrip): **\$** _____

From: _____

To: _____

Transportation (Max \$60 total)

Taxi: **\$** _____

Parking: **\$** _____

Rental Car: **\$** _____

Hotel: **\$** _____

Meals (Max \$60/day): **\$** _____

Other: **\$** _____

TOTAL EXPENSES: **\$** _____

**Participant's
Signature:** _____

*Attach all receipts with expense report and send to:
Michelle Utley, Program Assistant
426 Main Street, Juneau AK 99801
michelle@ashnha.com /Phone: 907-586-1193 /Fax: 907- 463-3573*