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? __ Yes, Account Number: _____ __ No, Who Approved: _____ Account Number: _____	Total Travel Expenses	$ _____
	Less Section Reimbursement	$ _____
	Net Reimbursement Requested	$ _____

I have attached or supplied receipts reguarding 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: _____