

***Must be submitted
within 30 days of
event***

**Fontana Teachers Association
16850 Seville Avenue
Fontana, Ca 92335**

Attach Receipts

MEMBER EXPENSE FORM

Meeting: _____

Date(s) and Place of Meeting _____

Name: _____

Address: _____

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Totals
Date									
Breakfast									
Lunch									
Dinner									
Lodging									
Airporter/Taxi/Bus									
Plane or Train									
Auto Mileage									
Parking									
Tips									
TOTALS									
#of Miles									
							Total Due		