

# TRAVEL EXPENSE FORM

AMERICAN CHORAL DIRECTORS ASSOCIATION

NAME \_\_\_\_\_

POSITION \_\_\_\_\_

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

ACDA EVENT \_\_\_\_\_

DATES OF MEETING: FROM \_\_\_\_\_ TO \_\_\_\_\_

ARRIVAL TIME AT DESTINATION \_\_\_\_\_ DEPARTURE TIME FROM DESTINATION \_\_\_\_\_

TRANSPORTATION EXPENSES INCLUDING TIPS			
FROM	TO	MODE: Air, Auto, Train, Limousine/Taxi to and from Airports	AMOUNT

**TOTAL TRANSPORTATION EXPENSES**

### ALL OTHER TRAVEL EXPENSES INCURRED

DATE	BREAKFAST	LUNCH	DINNER	LODGING	MISCELLANEOUS		Daily Total
					Description	Amount	

**TOTAL ALL OTHER EXPENSES**

**PLEASE ATTACH RECEIPTS FOR ALL EXPENSES**

<b>TOTAL EXPENSES</b>	<span style="border: 1px solid black; display: inline-block; width: 80px; height: 20px;"></span>
Less Advance from ACDA (ex -\$45.00)	<span style="border: 1px solid black; display: inline-block; width: 80px; height: 20px;"></span>
<b>TOTAL AMOUNT DUE FROM ACDA</b>	<span style="border: 1px solid black; display: inline-block; width: 80px; height: 20px;"></span>

Enter amount you owe ACDA here  
if Total Amount Due From ACDA is a negative amount.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_