

Exhibit H

TEMECULA VALLEY EDUCATORS ASSOCIATION Member Expense Statement

Date & Location of Meeting

Name of Conference/Workshop

Name

Address

DATE	SUN /	MON. /	TUES. /	WED. /	THURS. /	FRI. /	SAT. /	Total Each Line
Registration								
Breakfast								
Lunch								
Dinner								
Lodging								
Shuttle/Taxi								
Airfare								
Auto Mileage*								
Parking								
TOTAL								
# of Miles								

Attach Lodging Receipts & Transportation Ticket Stubs.

Maximum Daily for meals \$50.00., \$25 max per meal not covered by Conference/Workshop

This form must be returned within thirty (30) days of the conference.

**Attach Mileage reimbursement form*

For Accounting Use Only

Maximum Amount Payable	
Total Amount Due Member	
Total Amount Due	

Treasurer Verification: _____ Date

President Approval _____ Date

Attendance Verified _____ Date