



Expenditure Reimbursement Form

Check payable to: _____ Date of request: _____

Address: _____

City/State/Zip: _____

Meeting attended: _____ Date of meeting: _____

Travel: Number of miles driven: _____ @ current rate for service to a charitable organization as set by the IRS \$ _____

Name of attendee riding with you: _____

Name of attendee riding with you: _____

Name of attendee riding with you: _____

(Number of riders affects reimbursement rate.)

Airfare **(ORIGINAL RECEIPT MUST BE ATTACHED)**: \$ _____

Meals: Breakfast: \$ _____ (Guideline \$5)

Noon lunch: \$ _____ (Guideline \$6)

Evening dinner: \$ _____ (Guideline \$8)

Total for meals **(ORIGINAL RECEIPTS MUST BE ATTACHED)**: \$ _____

Lodging: Name of motel or hotel: _____

Dates: _____

Total for lodging **(ORIGINAL RECEIPTS MUST BE ATTACHED)**: \$ _____

Other expenses (please specify and attach receipts or no reimbursement):

Total other expenses: \$ _____

Total reimbursement requested: \$ _____

Charge expenses to the following account(s) as indicated:

Signed: _____

Chairperson/convener signature: _____

Director's approval: _____

Conference treasurer approval: _____

Updated by CCFA 1-21-11