

VVA CSC

TRAVEL REIMBURSEMENT CLAIM FORM

Name: _____ CSC BOD Position/Chapter # _____
 or Budget(s) to Charge _____

Address (circle Home or Chapter): _____

City: _____ State/Zip: _____ Phone: _____

Purpose of Travel/Expense (Include dates): _____

Expenses: *Note: CSC has a **45 day** reimbursement policy – If this claim is not submitted timely to the Treasurer it will be treated as a non-budgeted expense item. Thus you will be require to submit to the finance committee and get approval before any reimbursement will be made.*

1. Travel:

Plane, Train, etc. (coach or economy rates only) _____
 Car (@ \$.50 Per Mile x _____ # of miles) _____
 Bus _____ Taxi _____ Car Rental _____
 Other- Gas _____ Tolls _____ Etc. _____
 (Show cost comparison to mileage amount, when other transportation claimed)

Total= _____

2. Per Diem/Lodging: *(Attach Original Receipts)*

A. Meals (\$50 @ day) X days _____ Total = _____

B. Lodging (Not to exceed \$120.00 daily excluding taxes) _____

C. Less restricted items *(ie In-room movies, Room Service)* _____

Explanation: _____ (B-C=) Sub:Total: _____

(A+B-C=) Total= _____

3. Other Reimbursement Items: *(Attach Original Receipts)*

A. _____
 B. _____
 C. _____
 D. _____

Total= _____

4. Grand Total:

=====

5. Signature: _____ **Date:** _____

NOTE: *Non-Budgeted Items - must receive approval by Finance Committee: (Two Signatures)*

Mail to: George Hunter
 8400 Old Melones R
 Space #86
 Jamestown, CA 95327

When Required:
Finance Committee Approval: (Two Signatures)

<u>ACCOUNTING USE ONLY</u>	
Date Paid: _____	
Check #: _____	Amount: _____

1.) _____
 2.) _____