

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)		\$0.00
Bus _____ Taxi _____ Car Rental _____		\$0.00
Other- Gas _____ Tolls _____ Etc. _____		\$0.00

(Show cost comparison to mileage amount, when other transportation claimed)

Total= \$ 0.00

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

A. Meals (\$50 @ day) X days _____ Total = **\$0.00**

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: **\$ 0.00**

(A+B-C=) Total= \$ 0.00

3. Other Reimbursement Items: A. _____
(Attach Original Receipts) B. _____
 C. _____
 D. _____ Total= \$0.00

4. Grand Total: \$ 0.00

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

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

Mail to: Barry Schloffel
 1244 Shaws Flat Rd
 Sonora, CA 95370

When Required:
Finance Committee Approval: (Two Signatures)

ACCOUNTING USE ONLY
 Date Paid: _____
 Check #: _____ Amount: _____

1.) _____
 2.) _____