

**VVA CSC
NON TRAVEL
REIMBURSEMENT CLAIM FORM**

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

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

Purpose Expense (Include dates): _____

Expenses:

1. Reimbursement Items: (Attach Receipts)

- A. _____
- B. _____
- C. _____
- D. _____
- E. _____
- F. _____
- G. _____
- H. _____
- I. _____
- J. _____
- K. _____
- L. _____

2. Grand Total: _____

3. Signature: _____ **Date:** _____

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

Mail to: George Hunter
8400 Old Melones Rd. Space 86
Jamestown, CA 95327

When Required:
Finance Committee Approval: (Two Signatures)

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

- 1.) _____
- 2.) _____