

# TRAVEL REIMBURSEMENT CLAIM FORM

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

Address (circle Home or Chapter): \_\_\_\_\_

City: \_\_\_\_\_ Cf 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 ( @ \$.55 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 (\$60 @ 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)**

**ACCOUNTING USE ONLY**  
Date Paid: \_\_\_\_\_  
Check #: \_\_\_\_\_ Amount: \_\_\_\_\_

1.) \_\_\_\_\_  
2.) \_\_\_\_\_