



CCEA Reimbursement Form (2022)

Check one:
 Meeting
 Conference
 Training
 Convention
 Workshop
 Other: specify

Name _____

Address: _____

Phone number: _____

Travel Expenses:

Travel from _____ to (meeting site) _____

Number of miles _____ @ \$0.585 = total amount requested
 \$ _____

Parking and Tolls \$ _____

Hotel: \$ _____

Meals: \$ _____ Attach itemized receipt and the paid receipt

Alcohol expenses WILL NOT be reimbursed!

Expenses	
Miles	
Parking/Tolls	
Hotel	
Meals	
Other	
Total requested	

Reimbursement requests must be made within 30 days of expense!