



# CCEA Reimbursement Form

- Check one:
- Meeting
  - Conference
  - Training
  - Convention
  - Workshop
  - Other: specify \_\_\_\_\_

Name \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

## Travel Expenses:

Travel from \_\_\_\_\_ to (meeting site) \_\_\_\_\_

Number of miles \_\_\_\_\_ @ \$0.54 = 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!**