Reimbursement Claim Form

Name:

Address:

Phone:

Type of meeting and date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Date(s) Incurred | $ Amount |  | Total |
| Miles Driven @ .535 |  |  |  |  |
| Rental Car |  |  |  |  |
| Parking & Tolls |  |  |  |  |
| Hotel |  |  |  |  |
| Airfare (must be purchased at least 21 days before the meeting) |  |  |  |  |
| Meals (if applicable) |  |  |  |  |
| Breakfast ($10.00) |  |  |  |  |
| Lunch ($15.00) |  |  |  |  |
| Dinner ($25.00) |  |  |  |  |
| Misc. |  |  |  |  |
| Total |  |  |  |  |

\* Applicable receipts for all expenses must be submitted with your claim

All meetings shall be approved by the executive team. Reimbursements will be issued for approved meetings only. Personal expenses will not be reimbursed by CCSS.

I certify that the expenses listed above were incurred for CCSS business purposes and I have attached all appropriate receipts.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please remit your claim form and all applicable receipts to CCSS.

**Office Use - Initial box**

**🞏 Exec Director**

**🞏 Office Manager**

**🞏 Bookkeeping**