Reimbursement Claim Form

Name:

Address:

Phone:

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date | Qty. | $ 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 |  |  |  |  |

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.