

## CAESS TRAVEL AND REIMBURSEMENT FORM

Name  
Address

Event  
Date

DATE	PLACE	NO. OF MILES	MILEAGE RATE	TOTAL MILEAGE	TRAVEL	HOTEL	MEALS	OTHER*	TIPS	Daily Total
			0.535							
			0.535							
			0.535							
			0.535							
			0.535							
			0.535							
			0.535							
			0.535							
			0.535							
			0.535							
<b>SUB-TOTAL EXPENDITURES</b>										
<b>LESS ADVANCE</b>										
<b>TOTAL</b>										

\_\_\_\_\_  
Member's Signature

\_\_\_\_\_  
President's Signature

\_\_\_\_\_  
Treasurer's Signature

\* Other includes miscellaneous expenses for which a receipt was not provided; every effort should be made to have a receipt for all expenses. If a receipt is lost, a credit card or debit card statement may be substituted. If no statement is available, a description of the item may be written and attached to substantiate the request for reimbursement. A cost of the item must be included in the description.

This form should be completed and submitted with receipts within 10 days following the event. This form should be given to the Office Manager.