



# Monthly Expense Reimbursement Form

Name: \_\_\_\_\_

For the month of: \_\_\_\_\_

Committee/Title: \_\_\_\_\_

This form must be submitted within 90 days of the first expense incurred (no reimbursement after 90 days). Please attach all invoices and receipts.

Make check payable to: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

### Reimbursement #1

Date \_\_\_\_\_ Location \_\_\_\_\_

Auto \_\_\_\_\_ miles @ \$ .655/mile: \$ \_\_\_\_\_

Airfare from \_\_\_\_\_ to \_\_\_\_\_ \$ \_\_\_\_\_

Lodging at \_\_\_\_\_ \$ \_\_\_\_\_

Parking .....\$ \_\_\_\_\_

Toll .....\$ \_\_\_\_\_

Auto Rental .....\$ \_\_\_\_\_

Other \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL #1** \$ \_\_\_\_\_

### Reimbursement #2

Date \_\_\_\_\_ Location \_\_\_\_\_

Auto \_\_\_\_\_ miles @ \$ .655/mile: \$ \_\_\_\_\_

Airfare from \_\_\_\_\_ to \_\_\_\_\_ \$ \_\_\_\_\_

Lodging at \_\_\_\_\_ \$ \_\_\_\_\_

Parking .....\$ \_\_\_\_\_

Toll .....\$ \_\_\_\_\_

Auto Rental .....\$ \_\_\_\_\_

Other \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL #2** \$ \_\_\_\_\_

### Reimbursement #3

Date \_\_\_\_\_ Location \_\_\_\_\_

Auto \_\_\_\_\_ miles @ \$ .655/mile: \$ \_\_\_\_\_

Airfare from \_\_\_\_\_ to \_\_\_\_\_ \$ \_\_\_\_\_

Lodging at \_\_\_\_\_ \$ \_\_\_\_\_

Parking .....\$ \_\_\_\_\_

Toll .....\$ \_\_\_\_\_

Auto Rental .....\$ \_\_\_\_\_

Other \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL #3** \$ \_\_\_\_\_

### PHONE (enclose copy of bill)

Date: \_\_\_\_\_

Amount \$ \_\_\_\_\_

Phone #: \_\_\_\_\_

Person called: \_\_\_\_\_

Purpose: \_\_\_\_\_

### PHONE (enclose copy of bill)

Date: \_\_\_\_\_

Amount \$ \_\_\_\_\_

Phone #: \_\_\_\_\_

Person called: \_\_\_\_\_

Purpose: \_\_\_\_\_

### PHONE (enclose copy of bill)

Date: \_\_\_\_\_

Amount \$ \_\_\_\_\_

Phone #: \_\_\_\_\_

Person called: \_\_\_\_\_

Purpose: \_\_\_\_\_

### TOTAL REIMBURSEMENT REQUEST

\$ \_\_\_\_\_

### Return to:

CLCA  
1491 River Park Drive, Suite 100  
Sacramento, CA 95815

### OFFICE USE ONLY

Committee/Code: \_\_\_\_\_

Staff Initials: \_\_\_\_\_