

Monthly Expense Reimbursement Form



Name: _____

Committee/Title: _____

Make check payable to: _____

Street Address: _____

City/State/Zip: _____

For the month of: _____

Reimbursement #1 Date _____ Location _____

Auto _____ miles @ \$.725/mile: \$ _____

Airfare from _____ to _____ \$ _____

Lodging at _____ \$ _____

Parking.....\$ _____

Taxi/Lyft/Uber.....\$ _____

Tips.....\$ _____

Auto Rental.....\$ _____

Other _____ \$ _____

► TOTAL #1 \$ _____

Reimbursement #2 Date _____ Location _____

Auto _____ miles @ \$.725/mile: \$ _____

Airfare from _____ to _____ \$ _____

Lodging at _____ \$ _____

Parking.....\$ _____

Taxi/Lyft/Uber.....\$ _____

Tips.....\$ _____

Auto Rental.....\$ _____

Other _____ \$ _____

► TOTAL #2 \$ _____

Reimbursement #3 Date _____ Location _____

Auto _____ miles @ \$.725/mile: \$ _____

Airfare from _____ to _____ \$ _____

Lodging at _____ \$ _____

Parking.....\$ _____

Taxi/Lyft/Uber.....\$ _____

Tips.....\$ _____

Auto Rental.....\$ _____

Other _____ \$ _____

► TOTAL #3 \$ _____

TOTAL REIMBURSEMENT REQUEST.....\$ _____

RETURN TO:

CLCA

1545 River Park Drive, Suite 525
Sacramento, CA 95815

This form must be submitted within 90 days of the first expense incurred (no reimbursement after 90 days).

Please attach all invoices and receipts. For mileage expenses, attach a Google maps or similar printout showing mileage between your origin and destination.

OFFICE USE ONLY

Committee/Code: _____

Staff Initials: _____