EXPENSE REIMBURSEMENT REQUEST



No payment shall be made without this completed form, attached receipts and written approval by an appropriate CAHU Executive Board Officer.

Date Subi	mitted by Requestor (MANDATORY) Date:	_									
Check Pay	yable to:										
Company Name (if applicable):											
	nent to (street address/city/state):										
Phone:		Email:									
*If you	have a misc. pre-approved expense, please use	Shuttle/T	avi colum		e indicate an	nount					
ii you nave a mise. pre-approved expense, piease use		Strattle, raxi columni.			Enter # of	Mileage		*MISC. OR		Item in	
					Miles	@ .545		Shuttle/		Budget	Charge to
		Lodging	Airfare	Meals	Driven	per mile	Parking	Taxi	Total	(yes or no)	Budget Item
Date of Expense	Event/Item Description (e.g. travel, supplies, etc.)										
									\$ -		
									\$ -		
									\$ -		
									\$ -		
									\$ -		
									\$ -		
									\$ -		
									\$ -		
									\$ - \$ -		
									\$ -		
PLEASE	REFERENCE MEETING DATE								\$ -		
	NLY Reimburses Board Members for Board Meetings - do	NOT refere	nce HCS or	CapSum					\$ -		
	mpleted form along with copies of receipts and if neede	d, mileage o	ocumentat	on and					\$ -		
email a	one PDF attachment to info@cahu.org								\$ -		
									\$ -		

*Mileage: Attach printout from MapQuest, GoogleMaps, etc.

For faster reimbursement - email this for with receipts to: info@cahu.org

Or mail to: CAHU 2520 Venture Oaks Way #150 Sacramento CA 95833

If you've been pre-approved for a per diem, please check CAHU's Policies & Procedures for limits.

Reimbursement form due to CAHU no later than 45 days after event date.

Board Meeting Code: 6160

TOTAL

Updated: 1/18/2018

\$