## **EXPENSE REIMBURSEMENT REQUEST**

Please indicate amount



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

Date Submitted by Requestor (MANDATORY) Date:	_	
Check Payable to:		
Company Name (if applicable):		
Mail payment to (street address/city/state):		
Phone:	Email:	

Date of Expense Event/Item Description	pproved expense, please	use Shuttle/ I	e Shuttle/Taxi column.		Enter # of	Mileage	Mileage		*MISC. OR		
				Airfare Meals	Miles Driven	@ .54 per mile	Parking	Shuttle/		Budget	Charge to
		Lodging	Airfare					Тахі	Total	(yes or no)	Budget Iten
kpense Event/Item Description											
	n (e.g. travel, supplies, etc.)			_							
									\$ -		
									\$ -		
									\$ -		
									\$ -		
									\$-		
									\$ -		
									\$ -		
									\$ -		
									\$ -		
									\$ -		
									\$ -		
PLEASE REFERENCE MEETING	i DATE								\$ -		
	d Members for Board Meetings	s - do NOT refere	nce HCS or	CapSum					\$ -	+ +	
	with copies of receipts and if ne								\$ -		
email as one PDF attachment					-					+ +	
	-				-				\$ -	┥──┤	
									\$ - \$ -		

\*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.