## **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 Sub	mitted by Requestor (MANDATORY) Date:	_									
Check Pa	yable to:										
	Name (if applicable):										
	ment to (street address/city/state):										
Phone:		Email:									
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*If you have a misc. <b>pre-approved</b> expense, please use		Snuttle/Taxi column.			Enter # of	Mileage		*MISC. OR		Item in	
					Miles	@ .535		Shuttle/		Budget	Charge to
		Lodging	Airfare	Meals	Driven	per mile	Parking	Taxi	Total	-	Budget Item
Date of											
Expense	Event/Item Description (e.g. travel, supplies, etc.)								ć		
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	REFERENCE MEETING DATE	NOT (	LICC						\$ -		
	NLY Reimburses Board Members for Board Meetings - do ompleted form along with copies of receipts and if neede								\$ -		
	s one PDF attachment to info@cahu.org	u, illileage (	ocumentat	on and					\$ -		
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\*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: 3/1/17