CAHIP EXPENSE REIMBURSEMENT REQUEST

No payment shall be made without this completed form, attached receipts and written approval by an appropriate CAHIP 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: _____

*If you have a misc. **pre-approved** expense, please use Shuttle/Taxi column.

Please indicate amount

Date of Expense	Event/Item Description (e.g. travel, supplies, etc.)	Lodging	Airfare	Meals	Enter # of Miles Driven	Mileage @ .625 per mile	Parking	*MISC. OR Shuttle/ Taxi	Total	Item in Budget (yes or no)	Charge to Budget Item
						0.00			$ 0.00		
						0.00			$ 0.00		
						0.00			$ 0.00		
						0.00			$ 0.00		
						0.00			$ 0.00		
						0.00			$ 0.00		
						0.00			$ 0.00		
						0.00			$ 0.00		
						0.00			$ 0.00		
						0.00			$ 0.00		
						0.00			$ 0.00		
						0.00			$ 0.00		
						0.00			$ 0.00		
						0.00			$ 0.00		
						0.00			$ 0.00		
						0.00			$ 0.00		
TOTAL									$ 0.00		

*Mileage: Attach printout from MapQuest, GoogleMaps, etc. For faster reimbursement - email this doc w/ receipts to: cahufinance@gmail.com and tricia@camgmt.com Or mail to: CAHU 2520 Venture Oaks Way #150 Sacramento CA 95833If you've been pre-approved for a per diem, please check CAHIP's Policies & Procedures for limits. Reimbursement form due to CAHIP no later than 45 days after event date.

PLEASE REFERENCE MEETING DATE. CAHIP Only Reimburses Board Members for Board Meetings. Please send copies of receipts as one attached pdf.

Updated: 7/25/22