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 Submitted by Requestor (MANDATORY) Date: ______________

Check Payable to:____

Company Name (if applicable):____

Mail payment to (street address/city/state): ____

Phone: ____________________________________ Email: _______________________________

Please indicate amount

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

Date of Expense	Event/Item Description (e.g. travel, supplies, etc.)	Lodging	Airfare	Meals	Enter # of Miles Driven	Mileage @ .56 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	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		

PLEASE REFERENCE MEETING DATE
CAHU ONLY Reimburses Board Members for Board Meetings - do NOT reference HCS or CapSum
Email completed form along with copies of receipts and if needed, mileage documentation and email as 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.

Updated: 1/26/2021

Board Meeting Code: 6160