



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.

					Please indicate amount							
		Lodging	Airfare	Meals	Enter # of Miles Driven	Mileage @ .585 per mile	Parking	*MISC. OR Shuttle/Taxi	Total	Item in Budget (yes or no)	Charge to Budget Item	
Date of Expense	Event/Item Description (e.g. travel, supplies, etc.)											
									\$ -			
									\$ -			
									\$ -			
									\$ -			
									\$ -			
									\$ -			
									\$ -			
									\$ -			
									\$ -			
									\$ -			
	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								\$ -			
									\$ -			
									\$ -			
	TOTAL								\$ -			

*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: 2/4/2022

Board Meeting Code: 6160