

CALIFORNIA LIBRARY ASSOCIATION

950 Glenn Drive, Suite 150 • Folsom, CA 95630 • PH. (916) 233-3298 • FAX (916) 932-2209

CLAIM for EXPENSE

Name _____ Date _____

Mailing Address (include business name) _____

City _____ State _____ Zip _____

Request made by (if different from above name) _____

Day Phone () _____ Section/Committee/Roundtable _____

Please submit all claims for reimbursement on this form. Please attach all receipts. **PLEASE NOTE:** Sections, committees and round tables must submit their presiding officer's authorized signature on this claim or a letter with the authorized signature accompanying the claim. Reimbursement will be delayed if sent in without authorization.

NOTE: Travel is reimbursed at 50%

Date	Description	Amount
	Travel Expenses (e.g. coach air travel, parking):	
	Sub-total Travel Expenses	_____
	x 50% =	_____
	Mileage - (50% of IRS rate of 55¢) .275 x _____ miles =	_____
	From _____ to _____	
	Total Travel Expenses	_____
	Misc. Expenses (specify):	
	Total Misc. Expenses	_____
	TOTAL	\$ _____

Signature _____

Presiding Officer's Signature _____

FOR OFFICE USE ONLY:
Account Code: _____