ASSOCIATION OF CALIFORNIA COMMUNITY COLLEGE ADMINISTRATORS

Expense Reimbursement Form

Claimant's Name: _____

Address to mail check to: _____

_____

Date of Departure: _____

Purpose of Trip: _____

1. Transportation:

a. Round trip from:_____ to: _____

b. Means of transportation: Plane Train Bus Automobile

c. Cost of Transportation (submit voucher)..... _____

d. Mileage:_____ miles @ 55.5 cents per mile..... _____

e. Parking, bridge tolls, taxi, airport limousine..... _____

2. Living Expenses:

a. Lodging expense (submit receipted bill)..... _____

b. Meal expense (not to exceed $25 per 24-hour day)

Date: _____ B _____ L _____ D _____ $ _____

_____ B _____ L _____ D _____ $ _____

_____ B _____ L _____ D _____ $ _____

_____ B _____ L _____ D _____ $ _____

Total meal expense: $ _____

c. Registration fees..... $ _____

d. Incidental expenses..... $ _____

TOTAL AMOUNT CLAIMED..... $ _____

I certify that the above is a true and correct statement of expenditures incurred for the purpose indicated.

Claimant's Signature_____ Date:_____

Authorized by_____ Date:_____

Mail to: ACCCA, 1531 I Street, Suite 200, Sacramento, CA 95814
(916) 443-3559 ~ (916) 443-1817