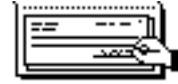




Reimbursement Request Form



1. Complete the entire form below. Please write neatly.
2. Attach all receipts, invoices, explanations, etc.*
3. Deliver to Elizabeth Lobo at the address below.

Please issue a check in the amount of _____

Payable to: _____

Mailing Address: _____

City, State ZIP: _____

Day Phone: (_____

Authorized by: _____

(May be authorized only by a CCFT officer or Executive Board committee chairperson.)

For what CCFT activity was this expenditure used?

Itemize expenses by category. Include all receipts, except for meals.* See attached documents. _____

Your signature: _____

*A check will not be issued without receipts. Air fare will be reimbursed at the coach rate. Mileage will be reimbursed at the current IRS rate, up to standard air fare for the same distance. Meal reimbursement rate is \$60 per day maximum.

Send to: CCFT, c/o Elizabeth Lobo, Biology, Cuesta College, PO Box 8106, San Luis Obispo, CA 93403-8106

CCFT Treasurer's Use Only:

Categories: Travel:

Paid by Check No.:

Date Issued: