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: