



Strength Through Unity

Advocacy • Activism • Professionalism

Reimbursement Request Form

Write neatly!

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.

Payable to: _____

Mailing Address: _____

City, State ZIP: _____

Day Phone: _____

For what CCFT activity was this expenditure used? _____

Product or service: _____

From what company? _____

Total: _____

Mileage (miles x IRS rate; include map printout showing miles): _____

Transportation (include parking, taxi, etc.; include for whom transportation was provided): _____

Meals (include for whom meals were paid): _____

Lodging (include for whom lodging was paid): _____

Fees (include for whom fees were paid): _____

Total: _____

Grand Total: _____

Signature: _____ Date: _____

Return this form and documentation to Mark Tomes, CCFT Treasurer, DSPS, Cuesta College, P.O. Box 8106, San Luis Obispo, CA 93403-8106

CCFT Treasurer's Use Only:

Categories: _____ Paid by check #: _____

Date issued: _____

Empowering our members to build a stronger union!