

Claremont Faculty Association Reimbursement Request

PLEASE READ: Receipts must be taped to an 8 1/2" x 11" sheet of paper. Staple receipted page to this form. Incomplete expense forms will be returned to sender for completion.

Make check payable to: (Please print neatly.)

Name _____ Daytime phone () _____

Mailing Address: _____

(Check will be mailed to home address.)

***Please itemize all expenses:**

Reason for expense, and description of type of expense (include names of guests, if hosting a meal). For travel, name or description of event you attended. Mileage standard is based on current IRS rate.

Date of expense

Amount to be reimbursed

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL amount to be reimbursed \$ _____

I certify that the above is a true statement, that the expenses claimed were incurred by me on official CFA business, and that I have attached original receipts for each expense.

Signature _____ Date _____

Return completed form to:
 Treasurer
 Claremont Faculty Association
 141 Harvard Avenue, #B
 Claremont, CA 91711

Approved by _____ (Authorized Signature)

For Treasurer's Use Only:

Date Paid: _____ Check Number: _____

Account/Category: _____

_____ Chargeable _____ Nonchargeable