

## Claremont Faculty Association Conference Attendance Stipend/Reimbursement Request

CFA will reimburse eligible members for attending a CTA-approved conference or training event.

\*\*Please attach evidence of your attendance at the event (e.g. registration materials, conference badge, etc).

**Make check payable to: (Please print neatly.)**

Name \_\_\_\_\_ Daytime phone (    ) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

(Unless otherwise indicated, check will be mailed to your site by intradistrict mail.)

**Name of Event:** \_\_\_\_\_ (attach conference program/badge)

**Location:** \_\_\_\_\_ **Dates attended:** \_\_\_\_\_

Date(s)	Expenses <small>**Attach supporting documentation (e.g. <u>itemized</u> receipts, parking stubs, map, etc. Include names of all guests if hosting a meal.) Write 'n/a' if not applicable.</small>	Amount to be reimbursed
	Stipend (for new attendees only) _____ days x \$50/full day, \$25/half day	
	Name of Hotel:	
	Mileage, round trip: _____ miles x _____ (current IRS rate)	
	Parking	
	Meals not covered by conference (attach <u>itemized</u> receipts only):	
	TOTAL 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:** \_\_\_\_\_

Please return completed form to  
 Treasurer  
 CFA  
 141 Harvard Ave #B  
 Claremont, CA 91711

Approved by: \_\_\_\_\_ (Authorized Signature)

For Treasurer's use only:  
 Date Paid: \_\_\_\_\_ Check number: \_\_\_\_\_  
 Acct/Category: \_\_\_\_\_  
 Chargeable       Non Chargeable