



Staff Reimbursement Form

Revised: 08/12/14

Each Board Member or authorized Staff Person must complete this form in order to confirm and expedite payment of authorized expenses in conjunction with Central California ASA functions or activities approved by the Board of Directors and the Association Commissioner.

Member Name: _____
Position: _____
Address: _____
City: _____, CA Zip Code: _____

*****ALL Reimbursements MUST have prior approval by the Association Commissioner*****

Event Attended: _____ Date: _____

Hotel Check In Date: _____ Hotel Check Out Date: _____
Amount of bill to be reimbursed: \$_____ (Attach a copy of your hotel receipt)

Amount of your Air travel ticket to be reimbursed: \$_____ (Attach a copy of your receipt)
*(***AIR TRAVEL TO BE APPROVED BY CCASA COMMISSIONER FIRST***)*

Other expenditures incurred doing CCASA Staff business: \$_____
Please describe below and include copy of invoices/receipts/bills for products or services:

Round Trip Mileage: _____ \$_____ (Attach copy of gas receipt)

Signed _____ Date _____

Return completed form and copies of receipts to: CCASA, PO Box 625, Clovis, CA 93613

THIS FORM MUST BE RECEIVED NO LATER THAN 10 WORKING DAYS AFTER TRAVEL ENDS

CCASA OFFICE USE ONLY BELOW	
Hotel _____	Total _____
Days _____	
Per Diem \$35.00 per day	
Days _____	
Mileage _____	
\$0.30 per mile or gas bill _____	
Grand Total: _____	