



CalWORKs Association
C/O Angela B. Aghajanian
Los Angeles Mission College
13356 Eldridge Ave.
Sylmar, CA 91342

Request for Reimbursement

I (Name) _____ am requesting reimbursement from the CCC CalWORKs Association for expenses related to the following purpose:

Airfare: _____

Hotel: _____

(<http://www.calhr.ca.gov/employees/Pages/travel-lodging-reimbursement.aspx>)

Shuttle: _____

Meals: _____

(<http://www.calhr.ca.gov/employees/Pages/travel-meals.aspx>)

Mileage: _____ (total miles @ 53.5 cents per mile)

Other: _____

TOTAL: \$ _____

Enclosed are the receipts (**ORIGINAL RECEIPTS ARE REQUIRED FOR EVERYTHING INCLUDING MEALS**).

Make Check Payable To:

YOUR NAME _____

ADDRESS _____

PHONE NUMBER _____

Signature

Date

For Office Use Only		
	Signature	Date
Approved – CCC CWA President		
Approved – CCC CWA Treasurer		