



Request for Travel Reimbursement

Name: _____

Today's Date: _____

CWA Board Position: _____

Region: _____

CWA Meeting/Activity: _____

Date(s) of Meeting/Activity: _____

Travel Start (date and time): _____

Travel End (date and time): _____

Expense	Amount	Original Receipt Needed?
Airfare	\$	Yes
Hotel	\$	Yes
Shuttle/Taxi	\$	Yes
Mileage	\$	No, but printout of map showing mileage is required. Rate is 54.5 cents per mile roundtrip.
Other (Parking, etc.)	\$	Yes
Meals (From per diem below, CWA Treasurer will fill in amount)		No
TOTAL	\$	

Meals are reimbursed per the state approved per diem reimbursement rate. Only meals not provided by the CWA will be reimbursed. Please check below the days and meals you are requesting reimbursement, including travel start and end. CWA Treasurer will calculate amount based on per diem rate on gsa.gov website.

	<u>Day 1</u>	<u>Day 2</u>	<u>Day 3</u>	<u>Day 4</u>	<u>Day 5</u>
	Date:	Date:	Date:	Date:	Date:
Breakfast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lunch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dinner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Continued on back



Make check payable to:

Name: _____

Mailing Address: _____

Telephone Number: _____

I attest that the information provided on this form, and any attached documentation, is true and that the expenses indicated above were used to support a meeting or activity for the California Community College CalWORKs Association.

Signature: _____

Date: _____

Please submit this form with required documentation to the CWA Treasurer:

**Nick Mata
CalWORKs Program
Santa Monica College
1900 Pico Boulevard
Santa Monica, CA 90405**

Please allow 2 weeks for reimbursements to be processed.

For Treasurer Use Only

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Process and Approval Date	Total Amount	Signature
Notes:		