2019 California Mathematics Council Northern Section Board Members Reimbursement Form

Ck number Date Written Amount	
Amount	

Personal Information – readable ple	
	State: ZIP:
	Email:
	Activity:
Date(s) of Activity: *	*NOTE: Reimbursement forms received 60 days after activity will not
Transportation	
Car Rental \$	Airplane \$
Parking/Tolls \$	Taxi \$
	Explain
	(50¢/mile) \$
	to (city)
Round trip? []Yes []No	
	Subtotal Travel \$ ment amount is the ½ of the lowest negotiated rate by the bom with another CMC-N board member.
Lodging: The maximum reimburse	ment amount is the ½ of the lowest negotiated rate by the bom with another CMC-N board member. # of Nights
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Receipts for Expenses Requirements

You may claim travel, lodging, supplies, copying expenses, and other expenses appropriate to the event as long as the itemized receipts are submitted for CMC members only.

The meals are **NOT** reimbursed except for the committee meetings.

Original receipts and proof of payment, in members' name are required for all expenses claimed.

If you are requesting the mileage, please use a on-line map to calculate the distance and NOT the odometer in your automobile. Please attach the print-out with this form if possible.

All original receipts should indicate what was obtained/services rendered, name of company/store, date.

CONFIRMATION RECEIPTS, CREDIT CARD STATEMENTS and COPIES OF RECEIPTS ARE NOT ACCEPTABLE.

Credit Card

Original receipts for expenses for lodging, transportation paid by credit card must show services rendered, your name, the completed transaction (showing a 0 balance), the business name, dates service rendered, the credit card type and the last 4 digits of the credit card number. The total amount paid must be **circled**.

Other original receipts for expenses paid by credit card must indicate what was obtained, date expenses made, show your name, show 'Paid by Credit Card', or you may record 'Paid by Credit Card' on the receipt, and initial it, the business name, the credit card type and the last 4 digits of the credit card number. The total amount paid must be **circled**.

Personal Check

Original receipts for expenses paid by personal check must indicate what was obtained, show 'Paid by Check,' or you may record "Paid by Check" and the check number on the receipt, and initial it. The business name must be on the receipt and date expense occurred, or you may record the business name and date expenses made, and initial it. The total amount paid must be **circled**.

Cash

Original receipts for expenses paid by cash must indicate what was obtained, show 'Paid in Cash' or you may record "Paid in Cash" on the receipt and initial it. The business name and date expense made must be on the receipt or you may record the business name, and date and initial it. The total amount paid must be **circled**.

Any expense that does not follow the above will not be reimbursed.

* Reinbursements received after 60 days of event, and incomplete forms will not be reinbursed.

Please attach the receipts behind this sheet. Incomplete forms will not be reimbursed. No eletronic submission (such as an e-mail attachment) is NOT allowed at this time.