

CALIFORNIA LIBRARY ASSOCIATION

717 20th STREET • SUITE 200 • SACRAMENTO, CALIFORNIA • 95811 • (916) 447-8541

CLAIM for EXPENSE AS OF JULY 1, 2008

Name _____ Date _____

Mailing Address (include business name) _____

City _____ State _____ Zip _____

Request made by (if different from above name) _____

Day Phone () _____ Section/Committee/Roundtable _____

Please submit all claims for reimbursement on this form. Please attach all receipts. **PLEASE NOTE:** Sections, committees and round tables must submit their presiding officer's authorized signature on this claim or a letter with the authorized signature accompanying the claim. Reimbursement will be delayed if sent in without authorization.

NOTE: Travel is reimbursed at 50%

Date	Description	Amount
	Travel Expenses (e.g. coach air travel, hotel, parking, meals):	
	Sub-total Travel Expenses	_____
	x 50% =	_____
	Mileage - (50% of IRS rate of 58.5¢) .2925 x _____ miles =	_____
	From _____ to _____	
	Total Travel Expenses	_____
	Misc. Expenses (e.g. printing, postage) SPECIFY:	
	Total Misc. Expenses	_____
	TOTAL	\$ _____

Signature _____

Presiding Officer's Signature _____

FOR OFFICE USE ONLY:
Account Code: _____