

# REIMBURSEMENT REPORT

California Library Association

Please include all receipts

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

## SUMMARY

### Event:

|  |                |              |
|--|----------------|--------------|
| Air Travel                                       | _____<br>_____ | Amount       |
|  |                | \$           |
| Ground Transportation                            | _____<br>_____ | Amount       |
| Mileage reimbursed at \$0.50<br>as of 01/01/2010 |                | \$           |
| Lodging  | _____<br>_____ | Amount       |
|  |                | \$           |
| Meals  | _____<br>_____ | Amount       |
|  |                | \$           |
| Printing/Graphics/<br>Design                     | _____<br>_____ | Amount       |
|  |                | \$           |
| Registration                                     | _____<br>_____ | Amount       |
|  |                | \$           |
| Teleconference or<br>Webinar                     | _____<br>_____ | Amount       |
|  |                | \$           |
| Other Expenses                                   | _____<br>_____ | Amount       |
|  |                | \$           |
| Signature:                                       | Date:          |              |
| Approved by/Title:                               | Date:          | <b>TOTAL</b> |
|  |                | \$           |