



# CHICANO CORRECTIONAL WORKERS ASSOCIATION

P.O. BOX 3680 VISALIA, CA 93278-3680

(559) 734-2292 (CCWA)

[www.ccwa.net](http://www.ccwa.net)

Quetzalcoatl  
(Aztec God of Wisdom)

## EXPENSE REIMBURSEMENT CLAIM

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Chapter: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Committee: \_\_\_\_\_

Line	Date	Time in/out	Expense Description	Amount	Per diem	Lodging	Parking	Mileage	Amount	Totals
1									\$	\$
2									\$	\$
3									\$	\$
4									\$	\$
5									\$	\$
6									\$	\$
7									\$	\$
8									\$	\$
9									\$	\$
<b>Total Per Diem:</b>				<b>Total Amount for Mileage:</b>		<b>Total Reimbursement Requested:</b>				<b>\$</b>

**Expense Comments and Details (Be Specific):**

**Instructions: USE ONE FORM FOR EACH EVENT**

Use one line for each expenditure day: i.e., One line for arrival travel day and related expenditures. The next lines for each event day(s) and related expenditures, and another line for the return travel day and related expenditures. Annotate round trip (R/T) commercial fares on the arrival travel day and auto rentals on the return travel day. Attach original receipts and label each receipt with corresponding Line number clearly marked "LINE #."

**Meal allowance as of JANUARY 1, 2018 will reflect the following:**

Breakfast:	\$ 7.00
Lunch:	\$ 11.00
Dinner:	\$ 23.00
Mileage:	\$ 0.57 (Case-By-Case)

**Please note: When adding per diem for a 24 hour period, the total amount will be \$41.00.**

Transportation allowances: Auto rental: Mid-size car. Upgrade is authorized for sharing, 3 or more participating members.

POV (personal owned vehicle) mileage is home to event and return via the most direct route. The mileage reimbursement rate is established in the Annual Budget.

Airfare reimbursement is for economy rate and reservations must be made 28 days in-advance.

Reimbursement requested must be submitted NO LATER THAN 30 DAYS after event via the appropriate channels.

I declare the expenses described above were incurred by me in accordance with existing Chicano Correctional Workers Association policy and further stipulate each item was in conjunction with official business for the Chicano Correctional Workers Association.

CLAIMANT SIGNATURE Date



APPROVING OFFICER SIGNATURE Date



Check Date: \_\_\_\_\_ Check # \_\_\_\_\_

Check Date: \_\_\_\_\_ Check # \_\_\_\_\_