

CCAA Monthly Mileage Reimbursement Request Form

Name: _____ Date: ____/____/____

Address: _____ Telephone: () _____

City/State: _____ Zip Code: _____

CCAA Service Position:

- CCAA Standing/Ad Hoc Committee Chair, Committee _____
(or Alternate if Chair is not present)
- Other (specify) _____

Travel on CCAA Business

Date:	Event	To/From	Miles
____/____/____	_____	_____	_____
____/____/____	_____	_____	_____
____/____/____	_____	_____	_____
____/____/____	_____	_____	_____
____/____/____	_____	_____	_____
____/____/____	_____	_____	_____
____/____/____	_____	_____	_____
____/____/____	_____	_____	_____

Travel Total miles	
Subtract 50 miles	-50
Total Reimbursable miles	
Multiply by \$0.25	
TOTAL	

For CCAA Treasurer

Approved by: _____ Date: ____/____/____ Check Number _____

2n' Signature: _____ Date: ____/____/____