



California Council for the Social Studies

AN AFFILIATE OF NATIONAL COUNCIL FOR SOCIAL STUDIES

PO Box 1187 Weimar, CA 95736

(916) 318-6800 Email: info@ccss.org

Reimbursement Claim Form

Name: _____

Address: _____

Phone: _____

Type of meeting and date: _____

	Date(s) Incurred	\$ Amount		Total
Miles Driven @ .535				
Rental Car				
Parking & Tolls				
Hotel				
Airfare (Limited to \$300 & must be purchased at least 21 days before the meeting)				
Meals (if applicable)				
Breakfast (\$10.00)				
Lunch (\$15.00)				
Dinner (\$25.00)				
Misc.				
Total				

* Applicable receipts for all expenses must be submitted with your claim

All meetings shall be approved by the executive team. Reimbursements will be issued for approved meetings only. Personal expenses will not be reimbursed by CCSS.

I certify that the expenses listed above were incurred for CCSS business purposes and I have attached all appropriate receipts.

Signature: _____

Please remit your claim form and all applicable receipts to CCSS.

<p>Office Use - Initial box</p> <p><input type="checkbox"/> Exec Director</p> <p><input type="checkbox"/> Office Manager</p> <p><input type="checkbox"/> Bookkeeping</p>
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