

Check box if total amount is to be donated to CMC-North

Ck number \_\_\_\_\_  
Date written \_\_\_\_\_  
Amount \_\_\_\_\_

**California Mathematics Council  
Northern Section  
Fall Conference Speaker Reimbursement Form  
2019**

- Please bring this form with you to the CMC – North, Fall Conference Dec. 6 – Dec. 8, 2019 or mail it with the original receipts to the P.O. Box below by January 10, 2020.
- **Please read and follow the direction on the next page before completing this form.**
- Personal Information - Readable Please (Type or Print).

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

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

Session Number(s) \_\_\_\_\_

Transportation – Actual cost

Airplane \_\_\_\_\_ Car Rental \_\_\_\_\_ Parking/Tolls \_\_\_\_\_

Taxi \_\_\_\_\_

Mileage (based on the Google map):

Total Miles Driven: \_\_\_\_\_ (50¢/mile) \_\_\_\_\_ Round trip (Claim) [ ] Yes [ ] No

From City \_\_\_\_\_ to City \_\_\_\_\_ License Plate: \_\_\_\_\_

**Total Transportation – Actual Cost** \_\_\_\_\_ **Amount Claim** \_\_\_\_\_  
Max. \$125 for speakers traveling within CA

**Lodging - Speaker only Actual Cost** \_\_\_\_\_ **Amount Claim** \_\_\_\_\_  
Max. \$175 (\$225 for on-grounds housing)

**Speaker Materials: # of receipts** \_\_\_\_\_ **Actual Cost** \_\_\_\_\_ **Amount Claim** \_\_\_\_\_  
Max. \$50

**Original receipts and proof of payment, in SPEAKER'S NAME** are required for all expenses claimed. Be sure to follow the **Receipts For Expenses Requirements** on the next page.

**Total Actual Expenses** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**Total Reimbursement Claimed** \_\_\_\_\_

**Signature:** \_\_\_\_\_  
**Please don't forget your wet signature.**

NO REIMBURSEMENTS WILL BE MADE AFTER JANUARY 10, 2020

Mail to: CMC-N Treasurer  
P.O. Box 191318  
Sacramento, CA 95819

Forms that are incomplete, improper receipts or not signed, will not be reimbursed.  
**Please enclose a stamped, self-addressed envelope for your reimbursement** or \$1 will be deduct from the reimbursement.

Questions: blim128@yahoo.com

## How much can I claim?

- If you did **one** presentation as a primary speaker and are traveling **within** California you may claim up to **\$350** (\$400 if you stayed on-grounds housing at the Asilomar Conference) in total expenses. The maximum expenses are as follows: Lodging: \$175 (\$225 if you stayed on-grounds housing at the Asilomar Conference); Travel: \$125; Supplies: \$50 (no electronic equipment including the ink cartridge is allowed.)
- If you did **one** presentation as a primary speaker and are traveling from **outside** California you may claim up to **\$425** (\$475 if you stayed on-grounds housing at the Asilomar Conference) in total expenses. The maximum expenses are as follows: Lodging: \$175 (\$225 if you stayed on-grounds housing at the Asilomar Conference); Travel: \$200; Supplies: \$50 (no electronic equipments including the ink cartridge is allowed)
- For an additional presentation as a primary speaker (co-speakers do not qualify), you may claim an additional \$50 for either supplies, lodging, or travel. Please specify on the form.

## **IMPORTANT! PLEASE READ AND FOLLOW.** **Receipts For Expenses Requirements**

You may claim travel, lodging, supplies, and copying expenses as long as itemized original receipts are submitted for the **PRIMARY SPEAKER ONLY**. *Meals and gas cannot be claimed.*

**Original receipts and proof of payments, in SPEAKER'S NAME are required for all expenses claimed.**

All original receipts should indicate what was obtained/services rendered, name of company/store, date.

**CONFIRMATION RECEIPTS, CREDIT CARD STATEMENTS, AND COPIES OF RECEIPTS ARE NOT ACCEPTABLE.**

**Original receipts for expenses for lodging (including the on-ground housing), transportation paid by credit card must show services rendered, speaker's name, the completed transaction (showing a 0 balance), the business name, dates service rendered, the credit card type and the last 4 digits of the credit card number. The total amount paid and business name must be circled.**

Other original receipts for expenses paid by **credit card** must indicate what was obtained, date expenses made, show your name, show 'Paid by Credit Card,' or you may record 'Paid by Credit Card' on the receipt, and initial it, the business name, the credit card type and the last 4 digits of the credit card number. **The total amount paid and business name must be circled.**

Original receipts for expenses paid by **personal check** must indicate what was obtained, show 'Paid by Check,' or you may record "Paid by Check" and the check number on the original receipt, and initial it. The business name must be on the original receipt and date expense occurred, or you may record the business name and date expenses made, and initial it. **The total amount paid must be circled.**

Original receipts for expenses paid by **cash** must indicate what was obtained, show 'Paid in Cash' or you may record 'Paid in Cash' on the original receipt and initial it. The business name and date expense made must be on the original receipt or you may record the business name, and date and initial it. **The total amount paid must be circled.**

Please attach the original receipts behind this sheet. Incomplete forms will not be reimbursed. Any electronic submission (such as e-mail attachment) is **NOT** allowed at this time. Please mail this form and any of the original receipt(s) to the address on the first page. **For the mileage, please include a copy of the Google or other on-line map mileage calculation including your starting and ending points.**

**Any expense that does not follow the above will not be reimbursed.**