

Check if amount is to be donated to CMC-North

2022 California Mathematics Council  
Northern Section  
Board Members Reimbursement Form

Ck number \_\_\_\_\_  
Date Written \_\_\_\_\_  
Amount \_\_\_\_\_

Personal Information – readable please

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Committee/affiliate: \_\_\_\_\_ Activity: \_\_\_\_\_

Date(s) of Activity: \_\_\_\_\_ \*NOTE: Reimbursement forms received 60 days after activity will not be reimbursed.

<u>Transportation</u>	
Car Rental \$ _____	Airplane \$ _____
Parking/Tolls \$ _____	Taxi \$ _____
Other Travel Costs (w/receipts) \$ _____	Explain _____
Mileage: Total Miles Driven: _____ (50¢/mile) \$ _____	
From (city) _____ to (city) _____	
Round trip? [ ] Yes [ ] No	License Plate _____
<b>Subtotal Travel \$</b> _____	

**Be sure to sign the form.**

<u>Lodging:</u> The maximum reimbursement amount is the ½ of the lowest negotiated rate by the event organizer unless shared the room with another CMC-N board member.	
Lodging cost/night \$ _____	# of Nights _____
<b>Subtotal Lodging \$</b> _____	

**Please circle amounts on receipt that is to be claimed.**

<u>Other Expenses</u>	
Supplies \$ _____	Postage \$ _____
Miscellaneous \$ _____	
<b>Subtotal Other \$</b> _____	

Mail to:  
CMC-N Treasurer  
P.O. Box 1882  
Marina, CA 93933

Questions: dkombe@yahoo.co.uk

**CMC-N will only reimburse CMC members.**  
Please remember to attach receipts for all claims. **No receipts, no \$\$.**

Please enclose a stamped, self-addressed envelope.

Total reimbursement claimed: \$ \_\_\_\_\_

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

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

## Receipts for Expenses Requirements

You may claim travel, lodging, supplies, copying expenses, and other expenses appropriate to the event as long as the itemized receipts are submitted for **CMC members only**.

The meals are **NOT** reimbursed except for the committee meetings.

Original receipts and **proof of payment, in members' name** are required for all expenses claimed.

If you are requesting the mileage, please use a on-line map to calculate the distance and **NOT** the odometer in your automobile. Please attach the print-out with this form if possible.

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.**

### Credit Card

Original receipts for expenses for lodging, transportation paid by credit card must show services rendered, your 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 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 must be **circled**.

### Personal Check

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 receipt, and initial it. The business name must be on the 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**.

### Cash

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 receipt and initial it. The business name and date expense made must be on the receipt or you may record the business name, and date and initial it. The total amount paid must be **circled**.

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

\* Reimbursements requests must be postmarked no later than 45 days after the event. **All requests postmarked after this date will not be reimbursed.**

Please attach receipts to this sheet. Incomplete forms will not be reimbursed. **Electronic submissions (such as an e-mail attachment) are NOT allowed at this time.**