

**CONFERENCE/TRAVEL REIMBURSEMENT CLAIM  
FONTANA TEACHERS ASSOCIATION**

CLAIMANT \_\_\_\_\_  
 DATE \_\_\_\_\_  
 HOME ADDRESS \_\_\_\_\_  
 POSITION \_\_\_\_\_  
 WORK SITE \_\_\_\_\_  
 MEETING ATTENDED \_\_\_\_\_  
 MEETING DATES \_\_\_\_\_  
 MEETING LOCATION \_\_\_\_\_

**REQUESTED REIMBURSEMENT**

<b>TRAVEL</b>	Mileage (round trip) Airplane/Train/Bus: If ticket not prepaid attach e-ticket or ticket verifying payment of miles x 0.70 per mile								
<b>MEAL(S)</b> Attach receipt(s) to claim meal reimbursement(s).	Date(s)							Total	
	Breakfast								
	Lunch								
	Dinner								
	Total								
<b>HOTEL:</b> If not prepaid, attach receipt verifying hotel bill paid by claimant.									
<b>OTHER EXPENSES:</b> Attach receipts verifying expenditure(s) paid by claimant.									
Telephone Calls		Parking		Other					
Rental Car		Taxi Cabs/Shuttles		Total Other Expenses					
Total Reimbursement Claim									
Budget Account to Pay Reimbursement							Amount		
<u>Comments:</u>									

1. Receipts must accompany claims. Make a copy of receipts and attach with originals.
2. Conference Report Form must be included for reimbursement, attach Agenda from conference and mileage map.
3. No Claims will be honored which are more than 60 days old.  
(Please review reimbursement policy on back page)

**I certify that the above expenses were incurred in the performance as a member of Fontana Teachers Association.**

Signature Claimant: \_\_\_\_\_ Date: \_\_\_\_\_

President Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Treasurer Approval: \_\_\_\_\_ Date: \_\_\_\_\_