Redwood Service Center Council Reimbursement Form

Data of Duy	ah a a a	Itom Durchooo	a	Durmage (Masting Event Etc.)	A
EXPENSES FOR M	MATERIALS,	SUPPLIES, MISCELLANEOU	JS		
		Street		City	Zip
Address:					
	(Please Print)				
Name:			Signature:		

Date of Purchase	Item Purchased	Purpose (Meeting, Event, Etc.)	Amount
		Subtotal	

Receipts required for reimbursement.

EXPENSES FOR	TRAVEL / M	EETINGS						
							_	_
(Date and Location of Meeting)				(Name of Group / Committee Meeting)				
DATE	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total Each Line
Registration Fee								
Breakfast								
Lunch								
Dinner								
Lodging								
Shuttle								
Airfare								
Auto Mileage (\$)								
# of Miles								
Parking								
Portage								
*Please attach al	ll receipts							
For Accounting Only: Check#			Date Paid:			Budget Code:		
Curi	rent IRS Mileag	e Rate for 2024	67 cents per 1	nile		Updated:	01/9/24	
	nce), to help pay	for your regist	ration fee, trave	tendance at confe el, lodging, and/or ence and any meal	[•] meals. Mileag	e reimburseme	ent not to exceed	the cost of
	Daily Meal	Rate not to exce	ed \$90 per day o	or \$50 per meal. R	eceipts requir	ed for reimburs	sement.	

Return completed statement with receipts for reimbursement to: Daron Lindsey | RSCC Treasurer |13649 Arrowhead Rd | Clearlake, CA 95422 **Redwood Service Center Council Reimbursement Form**