

# REDWOOD SCC REIMBURSEMENT FORM

Name:  Signature:   
*(Please Print)*

Address:   
 Street City Zip

Phone#  Email:

## EXPENSES FOR MATERIALS, SUPPLIES, MISCELLANEOUS

| Date of Purchase | Item Purchased | Purpose<br>(Meeting, Event, Etc.) | Amount           |
|------------------|----------------|-----------------------------------|------------------|
|                  |                |                                   |                  |
|                  |                |                                   |                  |
|                  |                |                                   |                  |
|                  |                |                                   | <b>Sub-Total</b> |

Receipts required for reimbursement.

## EXPENSES FOR TRAVEL / MEETINGS

(Date and Location of Meeting)

(Name of Group / Committee Meeting)

| DATE              | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Total<br>Each Line |
|-------------------|--------|--------|---------|-----------|----------|--------|----------|--------------------|
| Registration Fee  |        |        |         |           |          |        |          |                    |
| Breakfast         |        |        |         |           |          |        |          |                    |
| Lunch             |        |        |         |           |          |        |          |                    |
| Dinner            |        |        |         |           |          |        |          |                    |
| Lodging           |        |        |         |           |          |        |          |                    |
| Shuttle           |        |        |         |           |          |        |          |                    |
| Airfare           |        |        |         |           |          |        |          |                    |
| Auto Mileage (\$) |        |        |         |           |          |        |          |                    |
| Parking           |        |        |         |           |          |        |          |                    |
| Portage           |        |        |         |           |          |        |          |                    |
| <b>Sub-Total</b>  |        |        |         |           |          |        |          |                    |
| # of Miles        |        |        |         |           |          |        |          |                    |

***\*Please attach all receipts***

**For Accounting Only:** Check #

Date Paid:

Budget Code:

Current IRS Mileage Rate for 2025 .70 cents per mile

Updated: 01.13.25

Daily Meal Rate not to exceed \$90 per day. Receipts required for reimbursement.

Email completed statement with receipts for reimbursement to:

**Daron Lindsey | RSCC Treasurer | daronlindsey@gmail.com**

***\*\*Please see Page 2 for member reimbursement policy.***

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## Membership Expense Reimbursement Policy

### Travel

**(1) PLANE:** Actual, most economical coach fare (with receipt), up to two checked bags (with receipt). Prior approval must be obtained from the CTA Secretary-Treasurer for reimbursement for more than two checked bags or oversized overweight bags, while traveling by air.

**(2) TRAIN OR BUS:** Actual fare (with receipt).

**(3) AUTO:**

(a) The standard business mileage rate (70 cents, effective January 1, 2025) as set by the Internal Revenue Service for transportation expenses. Mileage reimbursement cannot exceed the cost of coach fare.

(b) Mileage to and from the member's home airport at the rate (70 cents, effective January 1, 2025) as set by the Internal Revenue Service for transportation expenses.

**(4) AIRPORT SHUTTLE:** CTA will reimburse the cost of airport shuttles to and from the meeting site.

**(5) PARKING:** Actual costs of airport parking and hotel parking. (receipt required)

### Lodging

**(1)** Single-occupancy hotel room w/2 Queen beds or single King bed. All room upgrades from the hotel's basic room are at the expense of the member.

**(2)** If travel by private car means an extra hotel or motel charge, such charge is not reimbursable.

**(3)** Personal charges such as laundry, valet, telephone calls, snacks, and entertainment are not reimbursable.

**(4)** A maximum of eight dollars (\$8.00) per day for portage is reimbursable.

### Meals

Actual amounts paid including tax and tip, are not to exceed \$90.00 for any one day. Itemized receipts are required for all meals. There will be no reimbursement for meals when CTA already provides one.

### Deadline for Filing Claims

All claims must be filed within thirty days of the end of the month in which they are incurred. An additional thirty-day period may be granted for extenuating circumstances set forth in a letter of explanation and filed with the claim.