

CALIFORNIA MEDICAL ASSOCIATION ALLIANCE

Reimbursement Form For State Board Officers/Committee Members and County Leaders

Submitted by:

Name: _____ Email: _____

Address: _____

State Board/County Leader Position: _____

Please include receipts/copies of bills

General Expenses	Explanation(s) (Please subtract any donations* from the total amount: Please specify position or general meeting charge)			Amount
Postage				
Copies				
Printing				
Supplies				
Publications				
Travel/Parking/Tolls				
Donation*	Less *			
Total General Expenses:				
Travel Expenses				
Check Meeting Attended	Winter Board Mtg Conference _____	Summer Board Mtg Retreat _____	Other: Specify _____	
Date:				
Airfare/Bus Fare				
Mileage	(# of miles - x0.565)			
Bridge Toll				
Parking Fees				
Taxi/Shuttle				
Donation*	Less *			
Total General Expenses:				
Total Amount Requested for Reimbursement:				

Receipts must be attached for reimbursement.

Mail to: Susie Bartlett, 2764 West Robinwood Lane, Fresno, CA 93711-2543

Reimbursement Forms Must be Submitted Within 45 Days of Conference

Revised 12/2/15