

CALIFORNIA MEDICAL ASSOCIATION ALLIANCE
Reimbursement Form For State Board Officers/Council Members and County Leaders

Submitted By:

Name: _____ **E-Mail** _____

Address: _____

_____ **Phone** _____

State Board Position/Council: _____

Please include receipts/copies of bills

General Expenses	Explanation(s) - (Please subtract any donations* from the total amount: Please specify council or general meeting charge)	Amount										
Postage												
Copies												
Printing												
Supplies												
Publications												
Telephone												
Travel/Parking/Tolls												
Donation*	Less*:											
Council	Total General Expenses:											
Travel Expenses		Amount										
Check Meeting Attended	<table border="0"> <tr> <td>Board Retreat</td> <td>Fall Conference</td> <td>Winter Board</td> <td>Annual Session</td> <td>Other: Specify</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>	Board Retreat	Fall Conference	Winter Board	Annual Session	Other: Specify	_____	_____	_____	_____	_____	
Board Retreat	Fall Conference	Winter Board	Annual Session	Other: Specify								
_____	_____	_____	_____	_____								
Date:												
Airfare												
Mileage	(# of Miles - x \$0.43)											
Bridge Tolls												
Parking Fees												
Taxi/Shuttle												
Donation*	Less*:											
	Total Travel Expenses:											
	Total Amount Requested for Reimbursement:											

Receipts must be attached for reimbursement. See reverse side for instructions

Mail to: Susie Bartlett

2764 West Robinwood Lane, Fresno, CA 93711-2543

Reimbursement Forms Must be Submitted Within 30 Days of Conference