

COUNCIL OF CHIEF LIBRARIANS
CALIFORNIA COMMUNITY COLLEGES



REIMBURSEMENT REQUEST FORM

NAME: _____

COLLEGE: _____

ADDRESS TO WHICH CHECK SHOULD BE MAILED:

PHONE: _____

ACTIVITY/EVENT: _____

DATES(S) OF ACTIVITY/EVENT: _____

LIST OF EXPENSES (RECEIPTS REQUIRED):

- LODGING _____
- TRAVEL BY PERSONAL CAR (@ CURRENT IRS RATE) _____
- AIR FARE _____
- AIRPORT SHUTTLE / TAXI _____
- PARKING _____
- FOOD/MEALS _____
- OTHER: _____
- OTHER: _____

TOTAL \$ _____

SIGNATURE OF CLAIMANT

DATE

Mail Form (With Receipts Attached) To:
CCL EXECUTIVE DIRECTOR
915 L STREET, #C110
SACRAMENTO, CA 95814