

CRACTC Reimbursement Form

Claimant Information

Name:	Address: City, State, Zip
--------------	--------------------------------------------

Dates:	Time Left	Time Returned	Destination/Reason	Total Miles:

Total Miles:	
	x \$0.67/mile

Total Mileage Reimbursement:	
-------------------------------------	--

Meals	Breakfast at \$9.00 (travel must begin by 7:00am to claim breakfast)		
	Lunch at \$14.00 (travel must begin by 11:00am to claim lunch)		
	Dinner at \$22.00 (must return home after 7:00pm to claim dinner)		
	Total Meals:		

	Cell phone (\$45 per month)		
Other Expenses	Copying, supplies, or other expenses (please attach receipts)		
Total Cell phone & Other Expenses:			

Total Reimbursement Amount:	
------------------------------------	--

Signature of Claimant: _____

Date: _____

Account #'s:	08.000.001.1000.580.00 – mileage/meals	\$ _____	
	08.000.001.1000.335.00 – cell phone	\$ _____	
	08.000.001.1000.600.00 – supplies etc.	\$ _____	
	08.000.001.1000.812.00 – registration	\$ _____	

CTE Director Signature: _____	Date: _____
--------------------------------------	--------------------