

CRACTC Reimbursement Form

Claimant Information

Name:		Address:	
		City, State, Zip	

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

Total Miles:	
	x \$0.70/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:	
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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:
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