



Clallam County School Retirees' Association
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Travel Expense Claim-Clallam County School Retirees' Association

All Claims must have all information complete and all original receipts attached
(Please keep a copy for your personal information)

Name _____ Dates of Travel _____

Destination _____ Reason for Trip _____

Date	Round Trip Mileage	Other Transportation Costs (Airfare, Parking, Ferry, Taxi, etc.)	Registration Fees	Lodging	Breakfast	Lunch	Dinner

Is this an overnight Trip? Yes or No (Please Circle)

Maximum overnight accommodations, meal costs (including tip), and vehicle travel must conform to Washington State or GSA (US General Services Administration)- http://www.tib.wa.gov/board/documents/Per_Diem_Rates.pdf (No alcoholic beverages are reimbursable) for current mileage, lodging, and meal maximums.

All receipts must be detailed (not visa/MC charges receipts) and original receipts (please keep a copy of this form and of all receipts for your information).

I do understand and agree that when making the travel request as listed above that carpooling must be attempted when several people are attending the same event. The costs associated with travel will be claimed by the driver of the carpool.

I hereby certify under penalty of perjury that this is a true and correct claim for necessary expenses incurred by me and that no payment has been received by me on account thereof.

Claimant's Signature

Date

Clallam County School Retirees' President Signature/Date

Clallam County School Retirees' Treasurer Signature/Date

Summary of Expenditures

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Mileage _____ X Mileage Rate \$ _____	
Lodging	
Registration Fees	
Other Transportation Expenses	
Meals	
Subtotal	
Subtracting any Funds Received in Advance	-
TOTAL	

Send by Mail: to CCSRA Treasurer, PO Box 1684, Port Angeles, WA 98362