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### CLAIM FOR REIMBURSEMENT/SCHOLARSHIP

The undersigned claimant certifies that he/she is a member of the California Association of County Treasurers and Tax Collectors (CACTTC); the expenses claimed for reimbursement are made in connection with authorized business, conferences, meetings or education programs of the Association; this claim is made in conformance with applicable by-laws of the Association; this claim is submitted along with appropriate supporting documentation and the claimant certifies he/she has no other source of reimbursement for claimed expenses. Meals exceeding the \$45.00 per diem allowance require supporting documentation. Personal auto mileage reimbursement will not exceed the prevailing IRS per mile rate. Receipt of the reimbursement/scholarship acknowledges the understanding that claimant will comply with any reportable filings.

CLAIMANT: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DATE	ITEM/DESCRIPTION	AMOUNT
Total		

\_\_\_\_\_  
CLAIMANT SIGNATURE

\_\_\_\_\_  
COUNTY

\_\_\_\_\_  
DATE