CAHIP - GOLDEN GATE EXPENSE REIMBURSEMENT REQUEST

No payment shall be made without this completed form, attached receipts and written approval by an appropriate CAHIP - Golden Gate Executive Board Officer.

Date Submitted by Requestor (MANDATORY) Date: _____

Check Payable to:_____

Company Name (if applicable):_____

Mail payment to (street address/city/state): _____ Phone: _____ Email: _____

*If you have a misc. **pre-approved** expense, please use Shuttle/Taxi column.

Please indicate amount

Date of Expense	Event/Item Description (e.g. travel, supplies, etc.)	Lodging	Airfare	Meals	Enter # of Miles Driven	Mileage @ .655 per mile	Parking	*MISC. OR Shuttle/ Taxi	Total	Item in Budget (yes or no)	Charge to Budget Item
	Email completed form w/receipts as ONE PDF attachment to					0.00			$ 0.00		
	execs@kapsherconsutling.com & tamara@bbpadmin.com					0.00			$ 0.00		
						0.00			$ 0.00		
						0.00			$ 0.00		
						0.00			$ 0.00		
						0.00			$ 0.00		
						0.00			$ 0.00		
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						0.00			$ 0.00		
						0.00			$ 0.00		
						0.00			$ 0.00		
						0.00			$ 0.00		
						0.00			$ 0.00		
						0.00			$ 0.00		
TOTAL									$ 0.00		

*Mileage: Attach printout from MapQuest, GoogleMaps, etc.

For faster reimbursement - email this doc w/receipts to: execs@kapsherconsulting.com and tamara@bbpadmin.com

Reimbursement form due to CAHIP - Golden Gate no later than 30 days after event date.

Updated: 9/26/24