CNTA
Corona-Norco Teachers Association

Conference Expense Reimbursement Form

For Accounting Use Only:

Business Purpose:_____

Check Number:_____

Check Date:_____

Issued By:_____

Date Mailed/Picked Up:_____

Member Name: _____ School Site:_____

Member Address: _____

_____

Please indicate how you would like to receive your reimbursement check: □ Mail to above address □Pick up at CNTA office

Name of Conference: _____

Please indicate the type of conference you attended: □ CNTA □CTA □NEA

Date						
Mileage *x IRS Mileage Rate*						$ 0.00
Lodging						$ 0.00
Meals						
						$ 0.00
Portage ($15.00 Max)						$ 0.00
					Total Amount	$ 0.00

Member Signature:_____ Date:_____

Approval Signature:_____ Date:_____

Please attach the following to this sheet:

□ Post Conference Evaluation Form
□ Itemized Meal Receipts
□ *Plane, Train, Bus, Toll, Parking and Taxi Receipts (if applicable)*
□ Printed Map to event with mileage
□ Lodging Statement (receipt will not be accepted)
https://www.irs.gov/tax-professionals/standard-mileage-rates