

Name: Signature:
(Please Print)

Address:
Street City Zip

EXPENSES FOR MATERIALS, SUPPLIES, MISCELLANEOUS

Date of Purchase	Item Purchased	Purpose (Meeting, Event, Etc.)	Amount
Sub-Total			

Receipts required for reimbursement.

EXPENSES FOR TRAVEL / MEETINGS

(Date and Location of Meeting) (Name of Group / Committee Meeting)

DATE	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total Each Line
Registration Fee								
Breakfast								
Lunch								
Dinner								
Lodging								
Shuttle								
Airfare								
Auto Mileage (\$)								
Parking								
Portage								
Sub-Total								
# of Miles								

****Please attach all receipts***

For Accounting Only: Check # Date Paid: Budget Code:

Current IRS Mileage Rate **54.5 cents a mile** Updated Sept. 2018

Daily Meal Rate not to exceed \$65 per day or \$35 per meal. Receipts required for reimbursement.

Return completed statement with receipts for reimbursement to:

Janet Renfrow | RSCC Treasurer | 5 Vanessa Ct E | Napa CA 94558-6192