

EXPENSE REIMBURSEMENT REQUEST

(Submit promptly with all related receipts)

No payment shall be made without this completed form, attached receipts and written approval by an appropriate CAHU Executive Board Officer. Payments are generally processed in 10 working days after Board Approval.

Requested By:
Email Address:
Phone Number:
Fax Number:

BUDGET/ PAYMENT INFORMATION

Name of CAHU/NAHU Event Attended:
Date of event:
Location of Event: (City, State)
Description of expense, e.g. travel, meals, etc. Lodging \$ _____ Travel \$ _____ Meals \$ _____ Mileage: # _____ Miles at \$.585/mile = \$ _____ <small>*Mileage should be documented by Mapquest printout reflecting this mileage</small> Other: (please describe): _____
Item in Budget? <input type="checkbox"/> Yes <input type="checkbox"/> No Department/Committee's budget to charge

Total Amount requested: \$ _____

PAYMENT INSTRUCTIONS

Make Check Payable to:
Mailing Address:
City, State Zip

OFFICER AUTHORIZATION

Approved by:	Title:
Date:	

Please mail this Expense Reimbursement Form along with the related invoices and receipts to:
California Association of Health Underwriters
P.O. Box 1071
Fresno, CA 93714
For Questions: Call 800-322-5934