

Check box if total amount is to be donated to CMC-North

Ck number \_\_\_\_\_  
Date written \_\_\_\_\_  
Amount \_\_\_\_\_

**California Mathematics Council  
Northern Section  
Fall Conference Speaker Reimbursement Form  
2015**

• Please bring this form with you to the CMC – North, Fall Conference Dec. 11– Dec. 13, 2015

• Personal Information - Readable Please (Type or Print)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Session(s) Number(s) \_\_\_\_\_

Transportation – Actual cost

Airplane \_\_\_\_\_ Car Rental \_\_\_\_\_ Parking/Tolls \_\_\_\_\_

Taxi \_\_\_\_\_ Other Travel Costs \_\_\_\_\_ Explain: \_\_\_\_\_

Mileage:

Total Miles Driven: \_\_\_\_\_ (50¢/mile) \_\_\_\_\_ Round trip (Claim) [ ] Yes [ ] No

From City \_\_\_\_\_ to City \_\_\_\_\_ License Plate: \_\_\_\_\_

**Total Transportation – Actual Cost \_\_\_\_\_ Amount Claim \_\_\_\_\_**

**Lodging - Speaker only Actual Cost \_\_\_\_\_ Amount Claim \_\_\_\_\_**

[ ] Check if stayed on grounds

**Speaker Materials: # of receipts \_\_\_\_\_ Actual Cost \_\_\_\_\_ Amount Claim \_\_\_\_\_**

\*\*\*\* Speakers staying on grounds do not have to submit lodging receipts.

Receipts and **proof of payment**, in **SPEAKER'S NAME** are required for all expenses claimed. Be sure to follow the **Receipts For Expenses Requirements** on the reverse side.

**Total Actual Expenses** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**Total Reimbursement Claimed** \_\_\_\_\_

**Signature:** \_\_\_\_\_

NO REIMBURSEMENTS WILL BE MADE AFTER JANUARY 26, 2016

Mail to: Brian Lim  
518 Sydling Ct.  
Sacramento, CA 95864-5951

Forms that are incomplete, improper receipts or not signed, will not be reimbursed.

**Please enclose a stamped, self-addressed envelope for your reimbursement** or \$1 will be deduct from the reimbursement.

Questions: blim128@yahoo.com

### **How much can I claim?**

- If you did **one** presentation and are traveling **within** California you may claim up to **\$350** in total expenses. The maximum expenses are as follows:  
Lodging: \$175; Travel: \$125; Supplies: \$50
- If you did **one** presentation and are traveling from **outside** California you may claim up to **\$450** in total expenses. The maximum expenses are as follows:  
Lodging: \$200; Travel: \$200; Supplies: \$50
- For an additional presentation, you may claim an additional \$50 for either supplies, or lodging, or travel. Please specify on form.

### **IMPORTANT! PLEASE READ AND FOLLOW.** **Receipts For Expenses Requirements**

You may claim travel, lodging, supplies, and copying expenses as long as itemized original receipts are submitted for the **SPEAKER ONLY**. *Meals and gas cannot be claimed.*

**Original receipts and proof of payments, in SPEAKER'S NAME are required for all expenses claimed.**

All original receipts should indicate what was obtained/services rendered, name of company/store, date.  
**CONFIRMATION RECEIPTS, CREDIT CARD STATEMENTS, AND COPIES OF RECEIPTS ARE NOT ACCEPTABLE.**

Original receipts for expenses for lodging, transportation paid by credit card must show services rendered, speaker's name, the completed transaction (showing a 0 balance), the business name, dates service rendered, the credit card type and the last 4 digits of the credit card number. **The total amount paid and business name must be circled.**

Other original receipts for expenses paid by **credit card** must indicate what was obtained, date expenses made, show your name, show 'Paid by Credit Card,' or you may record 'Paid by Credit Card' on the receipt, and initial it, the business name, the credit card type and the last 4 digits of the credit card number. **The total amount paid and business name must be circled.**

Original receipts for expenses paid by **personal check** must indicate what was obtained, show 'Paid by Check,' or you may record "Paid by Check" and the check number on the original receipt, and initial it. The business name must be on the original receipt and date expense occurred, or you may record the business name and date expenses made, and initial it. **The total amount paid must be circled.**

Original receipts for expenses paid by **cash** must indicate what was obtained, show 'Paid in Cash' or you may record 'Paid in Cash' on the original receipt and initial it. The business name and date expense made must be on the original receipt or you may record the business name, and date and initial it. **The total amount paid must be circled.**

Please attach the original receipts behind this sheet. Incomplete forms will not be reimbursed. Any electronic submission (such as e-mail attachment) is **NOT** allowed at this time. Please mail this form and any of the original receipt(s) to the address on the first page.

**Any expense that does not follow the above will not be reimbursed.**