



CALIFORNIA BLOOD BANK SOCIETY

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PH: 916-560-8536 FX: (916) 443-6719

EXPENSE REIMBURSEMENT FORM

Name: _____

Organization: _____

Address: _____

City: _____ State: _____ Postal Code: _____

Board Member Committee Member CBBS Member Speaker

Other: _____

Function for which expense incurred: _____

Location: _____ Date(s): _____

Expense (please review CBBS Reimbursement Policy)	Amount
Air Transportation (Economy/Coach)	\$
Auto: _____ miles at \$0.54 per mile (IR-2015-137, Dec.17, 2015)	\$
Ground Transportation	\$
Parking/Tolls	\$
Lodging (_____ # of nights)	\$
Meals	\$
Other (please describe) _____	\$
Total Reimbursable Expenses See Footnote 1.	\$

I certify that the above expenses were incurred by me while on official CBBS business.

Signed: _____ Date: _____

Authorized: _____ Date: _____

Comments: _____

Form Revised 8/03, 3/04, 4/05, 10/05, 12/05, 8/06,7/07, 12/07, 7/08, 1/09, 1/10, 1/11, 7/11, 1/13, 1/14, 2/15, 10/16

Footnote One:

- In order to expedite reimbursement, expense form and copies of receipts may be faxed to the Central Office. The original reimbursement form, with original receipts attached must be mailed to the Central Office.
- Reimbursement requests must be received by the Central office within sixty (60) days of the event at which the expense was incurred.
- Committee Chair approval is required but may be done via email.