Coachella Valley Teachers Association (CTA/NEA)

Request for Reimbursement

Requested by: _____

Email: _____

Phone #: _____

Date of Reimbursement: _____

Authorized by: _____

Check #: _____

Budget Code	Item Description	Total

ALWAYS ATTACH RECEIPTS!!

Balance Due: _____

Mileage calculation: Distance traveled _____ miles

(explain destination and purpose above) @ $_____ per mile

Total $_____

2-205 Representative Council Meals
2-210 Executive Board Meals
2-215 Stakeholder Meals
2-220 Mileage
2-240 Rep Attendance Incentive
2-250 Miscellaneous
2-330 Telephone
2-340 Release Time
2-410 President's Conference
2-420 National
2-430 Regional
2-440 Local
2-450 Summer Institute
2-470 Miscellaneous
2-510 Membership
2-520 IPD
2-525 PAC
2-530 Bargaining
2-540 Communications
2-550 Elections
2-560 Organizing
2-565 Legal Fund
2-570 Arbitrations
2-575 Scholarships
2-580 Social
2-585 Public Relations
2-590 Miscellaneous
2-595-1 CTA Grant Passthrough 1
2-595-2 CTA Grant Passthrough 2
2-597 Human Rights Committee
2-610 CVTA Office
2-615 Taxes
2-620 Rent/Purchase Equipment
2-630 Paper/Supplies
2-650 Postage
2-660 Utilities
2-665 Cleaning Services
2-670 Audit
2-680 Insurance