

# CDAA Reimbursement Form

Event: \_\_\_\_\_ Date(s): \_\_\_\_\_

	Date(s)	Description	Total
#1			
#2			
#3			
#4			
#5			
#6			
#7			
#8			
#9			
<b>Total Expense</b>		-	

	Date(s)	Description	Mileage	Lodging	Meals	Other	Total
#1							
#2							
#3							
#4							
<b>Total Expense</b>							

Submitted by: \_\_\_\_\_ Signature: \_\_\_\_\_

Total Approved Expenditure: \$ \_\_\_\_\_