



# CAS EXPENSE FORM



Name	CAS Position	
Address		
Activity/Event		
Location of Event		

Item	Date	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total	Budget Category
Mileage [# Miles Driven]									0.00	
IRS Mileage Rate \$ 0.50		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Parking ♦									\$0.00	
Shuttle ♦									\$0.00	
Taxi ♦									\$0.00	
Tolls ♦									\$0.00	
Airfare ♦									\$0.00	
Telephone ♦									\$0.00	
Tips									\$0.00	
Meals ♦♦									\$0.00	
Breakfast									\$0.00	
Lunch									\$0.00	
Dinner									\$0.00	
Lodging ♦♦♦									\$0.00	
<b>Totals</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

- ♦ Receipts required.
- ♦♦ Receipt required for any meal that exceeds \$25.00. Daily meal allowance per CAS contract is \$70.00 including tax and tip. Meal tips not to exceed 20% of total food cost.
- ♦♦♦ Prior approval required - attach verification and receipts.

### Other Expenses: Provide explanation and receipt(s).

Date	Explanation	Total	Budget Category
		<b>Total</b>	<b>\$0.00</b>

Return completed form and receipts to:  
 Terri Pinkney, CAS Treasurer  
 2520 Emerald Way  
 Turlock, CA 95382  
[tpinkney@cta.org](mailto:tpinkney@cta.org) or [terri.pinkney@yahoo.com](mailto:terri.pinkney@yahoo.com)

Date: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 I certify that the above information is accurate and true.  
 Approved by: \_\_\_\_\_

Total from above \$0.00  
 Adjustments  
**TOTAL PAYMENT \$0.00**

Note: All amounts reimbursed will be in accordance with CAS Standing Rules.