

# CALIFORNIA RETIRED TEACHERS ASSOCIATION EXPENDITURE CLAIM FORM

(SEE REVERSE SIDE FOR CLAIM INSTRUCTIONS)

AREA# \_\_\_\_\_

NAME: \_\_\_\_\_ CRTA POSITION: \_\_\_\_\_ DIVISION# \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(Street) (City/State) (Zip)

ACTIVITY: \_\_\_\_\_ CHARGE TO ACCT.# \_\_\_\_\_  
(Board • Council • Convention • Committee • Other)

|              |               |          |  |  |  |  |  |               |
|--------------|---------------|----------|--|--|--|--|--|---------------|
|              | LOCATION:     |          |  |  |  |  |  |               |
|              | DATES:        |          |  |  |  |  |  | <b>TOTALS</b> |
| MEALS + TIPS | ROOM          | LODGING: |  |  |  |  |  |               |
|              | BREAKFAST:    |          |  |  |  |  |  |               |
|              | LUNCH:        |          |  |  |  |  |  |               |
|              | DINNER        |          |  |  |  |  |  |               |
| TRAVEL       | AIRFARE:      |          |  |  |  |  |  |               |
|              | TAXI, ETC.    |          |  |  |  |  |  |               |
|              | MILEAGE:      |          |  |  |  |  |  |               |
|              | PARKING:      |          |  |  |  |  |  |               |
|              | TIPS, ETC.    |          |  |  |  |  |  |               |
| OTHER        |               |          |  |  |  |  |  |               |
|              |               |          |  |  |  |  |  |               |
|              | <b>TOTALS</b> |          |  |  |  |  |  |               |
|              | OFFICE USE    |          |  |  |  |  |  |               |

**MISCELLANEOUS EXPENSES** (Attach All Receipts to this Form)

DUPLICATING:  TELEPHONE:  POSTAGE:

OTHER (DESCRIBE) \_\_\_\_\_ TOTAL MISC:

GRAND TOTAL ALL EXPENSES

CLAIMANT'S SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

APPROVAL (AREA DIRECTOR/STATE CHAIR:) \_\_\_\_\_ DATE: \_\_\_\_\_

REVIEWED BY STATE TREASURER: \_\_\_\_\_ DATE: \_\_\_\_\_