



**LATINA LEADERSHIP NETWORK
OF THE
CALIFORNIA COMMUNITY COLLEGES**
Travel Reimbursement

Name: _____ Region: _____

Position on Executive Board: _____

Address: _____

City: _____, CA ZIP: _____

Telephone: (_____) _____

Name of meeting: _____

Location: _____

ALL original receipts must be submitted in order to be reimbursed.

Air/Rail Fare \$ _____ miles @ 0.535 ¢

Automobile/Rental \$ _____

Taxi \$ _____

Lodging \$ _____

OTHER (Parking and Toll) \$ _____

Subtotal \$ _____

Less Advance \$ _____

Total Reimbursement due \$ _____

(Not to exceed \$185)

In-Kind Amount (see back) \$ _____

All mileage requests must have a print out (map quest, yahoo) showing total miles.

For Group Travel	
Board Members Carpooling:	
Name	Position
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

The LLN does not reimburse per diem with Executive Board meetings or retreats.

The maximum reimbursement will be \$185.00 per executive board member with the exception of Alternate Region Reps. Mileage will be reimbursed @ 0.535 ¢ per mile with a maximum reimbursement of \$185.00.

Deadline to submit claim is three weeks after the attendance of the specified event. All claims submitted after deadline will not be processed.

I certify that the information indicated is a summary of necessary and actual expenses incurred by me in accordance with my attendance at the meeting named above.

Reimbursement check will be mailed to address indicated above.

Signature

Date

Submit claim to: Margarita Baez –LLN Treasurer
P.O. Box 5312
Santa Maria, CA 93456

For Treasurer ONLY	
Date Received:	_____
Date check issued:	_____
Reference #:	_____
Check #:	_____



RECORD OF IN-KIND DONATIONS TO LLN ORGANIZATION

Date (mm/dd/yy)	Event Name	Hours	X	Normal Hourly Rate	Miles (@ <u>0.535</u> ¢)	Dollar Amount Spent	Other	Total In-Kind Amount	
		_____	X	_____ = \$ _____	\$ _____	\$ _____	\$ _____	\$ _____	
		_____	X	_____ = \$ _____	\$ _____	\$ _____	\$ _____	\$ _____	
		_____	X	_____ = \$ _____	\$ _____	\$ _____	\$ _____	\$ _____	
		_____	X	_____ = \$ _____	\$ _____	\$ _____	\$ _____	\$ _____	
		_____	X	_____ = \$ _____	\$ _____	\$ _____	\$ _____	\$ _____	
Grand Total*							\$ _____	_____	.

*Make sure to include this amount on the front of LLN Travel Reimbursement form.