



California Housing Workers' Compensation Authority

1750 Creekside Oaks Drive, Suite 200, Sacramento, CA 95833
(800) 541-4591 Fax: (916) 244-1199

TRAVEL REIMBURSEMENT REQUEST

MAIL CHECK TO:

PURPOSE (check one):

- | | |
|--|-------------|
| <input type="checkbox"/> Board Meeting | Date: _____ |
| <input type="checkbox"/> Executive Committee Meeting | Date: _____ |
| <input type="checkbox"/> Committee Meeting | Date: _____ |
| <input type="checkbox"/> Other (explain) _____ | |

EXPENSES CLAIMED:

Miles Driven: _____ at 53.5 cents per mile \$ _____

Air Fare: _____

Airport Parking: _____

Taxi/Shuttle: _____

Lodging: _____

Meals: _____

Other Expense: _____

TOTAL \$ _____
(Please Attach Receipts)

Check Payable to: _____

Claimant's Signature: _____