**California Tuberculosis Controllers Association (CTCA)**

**Email this completed form with your receipts to** **jthigpen@ctca.org** **by April 1, 2019.**

## Faculty Allowable Expenses Reimbursement Claim Form

|  |
| --- |
| Name |
| Address |
| City State Zip Code |
| Conference Travel Expenses |
| Day | Airline Travel\* | Ground Travel | Total |
|  |  | Mileage | Rental Car\*/ Shuttle  | Parking\* | Ride Fare\* |  |
| **Sunday, March 10** |  |  |  |  |  |  |
| **Monday, March 11** |  |  |  |  |  |  |
| **Tuesday, March 12** |  |  |  |  |  |  |
| **Wednesday, March 13** |  |  |  |  |  |  |
| CLAIM TOTAL |  |

***\*Receipts must be attached****.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Claimant’s Signature Date

***Please send completed Claim Form to the address above for processing by April 1.***