

**CALIFORNIA ASSOCIATION OF
CODE ENFORCEMENT OFFICERS (CACEO)
REIMBURSEMENT FORM – 2019**



Date: _____
 Name: _____
 Mailing Address: _____
 City/State/Zip: _____
 Email: _____
 Date(s) of Activity: _____
 Event for which reimbursement is sought: _____

Acct. _____	Airfare (purchase 30+ days in advance/receipt)	Amount:	\$ _____
Acct. _____	Lodging Expense (receipt required):	Amount:	\$ _____
Acct. _____	Food (<u>detail</u> receipt required)	Amount:	\$ _____
Acct. _____	Mileage Expense ¹	Amount:	\$ _____
Acct. _____	Ground Transportation	Amount:	\$ _____
Other (Describe):	_____		\$ _____

Total Amount Requested: \$ _____

Approved, CACEO President: _____

Approved, CACEO Treasurer: _____

All reimbursements require a corresponding receipt attached. Reimbursement requests must be made within sixty (60) days of the expense. Please send the reimbursement form with accompanying receipts to the CACEO office:

**California Association of Code Enforcement Officers
 5620 Birdcage St., Ste. 200
 Citrus Heights, CA 95610-7691
 (916) 492-CACEO Phone; (866) 508-3947 Fax
 Email: info@caceo.us**

¹ 2018 Mileage rate for business travel is \$0.545 per mile. The 2019 IRS rates TBD. Please provide Google Maps or similar evidence of mileage for trip. Reimbursement is for round trip between point of origin and destination.