

California Association of Code Enforcement Officers (CACEO)



INSTRUCTOR REIMBURSEMENT FORM 2019

Name: _____

Organization: _____

Make check payable to: _____

Mailing Address: _____

City/State/Postal Code: _____

Reimbursement requested for: _____

If you do not have a W-9 on file

with CACEO, please return with this form.

OFFICE USE ONLY		
Acct. _____	Instructor Fee:	\$ _____
Acct. _____	Travel Reimbursement: ¹	\$ _____
Acct. _____	Food & Beverage:	\$ _____
Acct. _____	Print/Mail/Supplies:	\$ _____
Acct: _____	Other _____:	\$ _____
		Total Requested: \$ _____

President Approval ___ Yes ___ No _____

Treasurer Approval ___ Yes ___ No _____

President/Treasurer comments, if any: _____

____ Receipts and documentation attached.

____ If no receipts, please explain below.

**California Association of Code Enforcement Officers
5620 Birdcage Street, Suite 200
Citrus Heights, CA 95610-7691**

¹ IRS reimbursement rate for business mileage is \$0.58 per mile.