

# CSA Reimbursement Request Form

Please submit your reimbursement request with the requisite receipts to [elwaltoncsa@gmail.com](mailto:elwaltoncsa@gmail.com). This form and receipts may be scans or pictures. If you do not have access to email, place the completed form with the required receipts in a blue interdepartmental envelope available in the CSA Office. Address the envelope to Elaine and leave it with Office Staff.

Name: \_\_\_\_\_ Position at CSA \_\_\_\_\_

Check payable to: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date	Project/Purpose:	Category (ie youth., ecology, tennis, waterfront, maintenance etc)	Amount Spent \$
			<b>Total Expenses</b>

**Mileage:** The CSA uses the federal standard of reimbursement for use of a personal vehicle for SA projects-and programs. The 2024 standard mileage rate is \$0.67 per mile.

Date	Miles Driven	Purpose
	Total Miles x \$0.67 =	<b>Total Mileage Request</b>

Total amount to be reimbursed: \$ \_\_\_\_\_

**Remember to Attach Your Receipts**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_