2025 CSA Reimbursement Request Form

Please submit your reimbursement request with the requisite receipts to **the csa financial coordinator, Olivia Fox at:** financial.coordinator@summerassembly.org . This form and receipts may be scanned or pictures. The form also requires the Managing Director's signature. If you do not have access to email, place the completed form in a blue interdepartmental envelope available in the CSA Office for the Managing Director who will pass it along to the financial coordinator.

Name: _____ **Position at CSA** _____

Check payable to: _____

Mailing Address: _____

Phone: _____ **Email:** _____

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

Mileage: The CSA uses the federal standard of reimbursement for use of a personal vehicle for CSA projects-and programs. **The 2025 standard mileage rate is $0.70 per mile.**

Date	Miles Driven	Purpose
	Total Miles x $0.70 =	**Total Mileage Request**

Total amount to be reimbursed: $_____ **Remember to Attach Your Receipts**

Signature: _____ **Date:** _____

Managing Director's Signature _____ **Date:**_____