

Check box if total amount is to be donated to CMC-North

## California Mathematics Council Northern Section

Ck number \_\_\_\_\_ Date written \_\_\_\_\_ Amount \_\_\_\_\_

### Fall Conference Speaker Reimbursement Form 2024

• Please bring this form with you to the CMC – North, Fall Conference Dec. 6 – Dec.8, 2024 or mail it with the original (printouts for on-line purchases) receipts to the P.O. Box below by 1/10/2025.

• **Please read and follow the directions on the next page before completing this form.** • Personal Information - Readable Please (Type or Print).

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

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

Session Number(s) \_\_\_\_\_

#### Transportation – Actual cost

Airplane \_\_\_\_\_ Car Rental \_\_\_\_\_ Taxi \_\_\_\_\_

Mileage \_\_\_\_\_ (attach Google map): Parking/Tolls \_\_\_\_\_

Total Miles Driven: \_\_\_\_\_ (65.5¢/mile) \_\_\_\_\_ Round trip (Claim) [ ] Yes [ ] No

From City \_\_\_\_\_ to City \_\_\_\_\_ License Plate: \_\_\_\_\_

**Total Transportation – Actual Cost** \_\_\_\_\_ **Amount Claimed** \_\_\_\_\_  
Max \$125 for CA presenters (\$200 Out of State)

**Lodging - Speaker only Actual Cost** \_\_\_\_\_ **Amount Claimed** \_\_\_\_\_  
Max. \$175 (\$225 for on-grounds)

**Speaker Materials: # of receipts** \_\_\_\_\_ **Actual Cost** \_\_\_\_\_ **Amount Claimed** \_\_\_\_\_  
Max. \$50

- **Original (print-outs for on-line purchases) receipts and proof of payment, in SPEAKER'S NAME** are required for all expenses claimed.
- Be sure to follow the **Receipts For Expenses Requirements** on the next page.

**Total Actual Expenses** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Total Reimbursement Claimed** \_\_\_\_\_ **Signature:** \_\_\_\_\_ Please include your wet signature.

REIMBURSEMENT REQUESTS MUST BE POSTMARKED BY JANUARY 10, 2025 to be reimbursed.

Mail to:

**CMC-N Treasurer**  
**P.O. Box 1882**  
**Marina, CA 93933**

Please enclose a stamped, self-addressed envelope for your reimbursement or \$1 will be deducted from the reimbursement.

Questions: northtreasurer@cmc-math.org

## How much can I claim?

- If you did **one** presentation as a primary speaker and are traveling **within** California you may claim up to **\$350** (\$400 if you stayed on-grounds housing at the Asilomar Conference) in total expenses. The maximum expenses are as follows: Lodging: \$175 (\$225 if you stayed on-grounds housing at the Asilomar Conference); Travel: \$125; Supplies: \$50 (no electronic equipment, including the ink cartridge is allowed.)
- If you did **one** presentation as a primary speaker and are traveling from **outside** California you may claim up to **\$425** (\$475 if you stayed on-grounds housing at the Asilomar Conference) in total expenses. The maximum expenses are as follows: Lodging: \$175 (\$225 if you stayed on-grounds housing at the Asilomar Conference); Travel: \$200; Supplies: \$50 (no electronic equipment, including the ink cartridge is allowed.)

## **IMPORTANT! PLEASE READ AND FOLLOW.**

### **Receipts For Expenses Requirements**

You may claim travel, lodging, supplies, and copying expenses as long as itemized original (printouts for on-line purchases) receipts are submitted for the **PRIMARY SPEAKER ONLY**. *Meals and gas cannot be claimed.*

**Original (printouts for on-line purchases) receipts and proof of payments, in SPEAKER'S NAME are required for all expenses claimed.**

All original receipts should indicate what was obtained/services rendered, name of company/store, date.

**CONFIRMATION RECEIPTS, CREDIT CARD STATEMENTS, AND COPIES OF RECEIPTS ARE NOT ACCEPTABLE.**

Original (printouts for on-line purchases) receipts for expenses for lodging (including the on-ground housing), transportation paid by credit card must show services rendered, speaker's name, the completed transaction (showing a 0 balance), the business name and dates service rendered. **The total amount paid and business name must be circled.**

Other original (printouts for on-line purchases) receipts for expenses paid by **credit card** must indicate what was obtained, date expenses made, show your name, show 'Paid by Credit Card,' or you may record 'Paid by Credit Card' on the receipt, and initial it. **The total amount paid and business name must be circled.**

Original receipts (printouts for on-line purchases) for expenses paid by **personal check** must indicate what was obtained, show 'Paid by Check,' or you may record "Paid by Check" and the check number on the original receipt, and initial it. The business name must be on the original receipt and date expenses occurred, or you may record the business name and date expenses made, and initial it. **The total amount paid must be circled.**

Original receipts (printouts for on-line purchases) for expenses paid by **cash** must indicate what was obtained, show 'Paid in Cash' or you may record 'Paid in Cash' on the original receipt and initial it. The business name and date expense made must be on the original receipt or you may record the business name, date and initial it. **The total amount paid must be circled.**

Please attach the original receipts (printouts for on-line purchases) behind this sheet. Incomplete forms will not be reimbursed. Any electronic submission (such as email attachment) is **NOT** allowed at this time. Please mail this form and any of the original receipt(s) to the address on the first page.

**For the mileage, include a copy of the Google or other on-line map mileage calculation including your starting and ending points.**

**Any expense that does not follow the above will not be reimbursed.**