

CALIFORNIA ATHLETIC TRAINERS ASSOCIATION

Itemized Expense Account

NAME _____

DATE _____

Print or type

ADDRESS _____

TO: CATA TREASURER

I hereby request reimbursement for expenses incurred for: _____

Name of Event

	DATE	DESCRIBE	TOTAL
Printing and Copies			\$
Envelopes			\$
Postage			\$
Office Supplies			\$
Awards and Gifts			\$
Hotel			\$
Official Phone Calls/Telephone			\$
Car Rental or Taxi Service			\$
Parking Fees			\$
Mileage: ___ miles @ 53.5 cents/ mile as of 1/1/2017			\$
Air Fare			\$
Food			\$
Other			\$
TOTAL			\$

Signature _____

Date _____

Approved _____

Check # _____