

**OFFICE USE ONLY**

Check No. \_\_\_\_\_

Date \_\_\_\_\_

Acct. No. \_\_\_\_\_



**CMEA MUSIC EDUCATION**

736 RIDGE STREET \* P.O. BOX 2360 \* PORTOLA, CA 96122  
PHONE (530) 832-4117 \* FAX (530) 832-0808  
E-MAIL: cmea@calmusiced.com

Claimant \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

Purpose of trip \_\_\_\_\_ E-Mail \_\_\_\_\_

Dates(s) of trip \_\_\_\_\_ Destination \_\_\_\_\_

Claimant's CMEA job title \_\_\_\_\_

CMEA Will only reimburse claimants for:

Travel Rate at State Rate or 21 Day air fare, whichever is less (with receipts).

Room & Tax (with receipts)

Meals @ \$15.00 per meal

Incidental expenses - Bridge tolls, parking, shuttle or other expenses (with receipts)  
approved by CMEA President or Executive Director.

	DESCRIPTION	TOTAL	OFFICE USE (ACCT. NO.)
TRAVEL	Miles x State Rate or Air Fare		
MEALS	Meals x \$15.00		
ROOM	Number of nights + tax		
INCIDENTAL	Please itemize		

**GRAND TOTAL**

CLAIMANT

Send to CMEA OFFICE, P.O. Box 2380, Portola, CA 96122