



AMERICAN PLANNING ASSOCIATION CALIFORNIA CHAPTER EXPENSE REIMBURSEMENT FORM

Make check payable to:

Mail reimbursement to:

Name:

Company:

Address:

City/Zip Code:

DATE OF EXPENSE	DESCRIPTION OF EXPENSE	AMOUNT	MTG	LINE ITEM #
TOTAL	*Mileage reimbursement rate is .56 cents per mile.			

Note: Copies of **PAID** receipts must be attached for all expenses, except mileage. Completed forms and copies of paid receipts should be emailed to the attention of Laura Dee to simplybookkeepingpro@outlook.com or mailed to Laura Dee, Simply Bookkeeping, P.O. Box 171171, Boise, ID 83717.

PRINT NAME

SIGNATURE

Date

Telephone Number

Laura Dee
 Simply Bookkeeping
 P.O. Box 171171
 Boise, ID 83717
 Phone 925.550.4450