



Community Travel Reimbursement Form

Instructions for the individual seeking reimbursement:

- Complete all of the fields highlighted in yellow as follows:
 1. Claimant's Name: Your name as it should appear on the reimbursement
 2. Residence Address, City, State, Zip: Your current address where the check should be mailed
 3. Telephone #: Phone number where you can be reached if there are questions about the claim
 4. Vehicle License #: Of the car used as transportation to the event
 5. Departure and Arrival: The date(s) claimant traveled
 6. Private Car Use: Enter the mileage driven on each day
 7. Claimant Signature: Sign name
 8. Print Name: Legibly print name
- Organize any original receipts (hotel, fuel for rental car, food, incidental items, etc). If any are smaller than 8.5x11, please tape them to a full sheet of paper.
- Mail travel form with original signature and all original receipts to John Keller at the address listed below.

Completed forms and original receipts should be mailed to:

John Keller, RECON
1 Grand Ave, CESaME
Cal Poly, SLO
San Luis Obispo, CA 93407

Reimbursements will be processed as soon as they are received, and typically take 3-5 weeks for payment. Please contact the CESAME office at (805) 756-2403 if you have any questions.

