

CDAA Reimbursement Form

Event: _____ Date(s): _____

Date(s)	Description	Total
Total Expense		

Date(s)	Description	Mileage	Lodging	Meals	Other	Total
Total Expense						

Submitted by:	Address:
Total Expenditure:	Email:
Date of Approval:	Submit to: glennhansencdaa@gmail.com

Instructions:

- 1) Download form
- 2) Fill out and save
- 3) Attach to email
- 4) send to: glennhansenCDAA@gmail.com