Community-Campus Partnerships for Health

# IN-KIND CONTRIBUTION & TRAVEL EXPENSE REIMBURSEMENT FORM

## IN-KIND CONTRIBUTION

Please consider making a **donation** to CCPH in the form of partial or full payment for your travel expenses. This contribution is tax-deductible to the extent allowable by law and will be recognized as a cash donation. CCPH's federal tax identification number is 94-3285533.

To **donate** partial or full payment for your travel expenses, please take the following steps:

1. Complete the below Travel Expense Reimbursement Section – please include receipts for all expenses whether you will be seeking reimbursement or donating an amount to CCPH. **(Without receipts we will be unable to issue a letter recognizing donations for your tax purposes.)**
2. Indicate the total dollar amount of the reimbursement: _____ and of the donation: _____
3. Fill in the information below. Sign and date this form.
4. Mail this completed form to: Annika Robbins, CCPH, UW Box 354809, Seattle, WA 98195-4809. THANK YOU!

Your name: _____

Address, city, state, zip: _____

Your signature: _____ Date: _____

## TRAVEL EXPENSE REIMBURESMENT

For **reimbursement** of travel expenses, please complete the following. Please make sure the traveler seeking reimbursement signs the form upon completion.

Name: Social Security Number:

Address for Mailing Check:

City: State: Zip: Telephone Number:

Date and Hour of Departure: Date and Hour of Return:

Destination and Purpose of Trip:

**Instructions:** You may be reimbursed for the following expenses related to travel that have not been paid in advance by the program: registration, meals not included in the meeting package, ground transportation, airfare, and room and tax. If travel has not been arranged through a CCPH specified Travel Agent and you are claiming reimbursement, **original boarding passes** must also be attached. Mileage rate is 0.375/mile. Meals CANNOT exceed $33 per day for trips less than 24 hour or $50 per day for trips over 24 hours. Per diem rate for travel over 24 hours is: $8.00 for breakfast, $14.00 for lunch, and $28.00 for dinner. **Social security number and ORIGINAL RECEIPTS are needed for reimbursement**. There are no exceptions!

| Date | Misc. (please describe below) | Mileage (0.375 x miles) | Parking | Taxi and Shuttle | Airfare | Hotel (Daily amt; Room & tax) | Breakfast | Lunch | Dinner | Total Amount Per Day | Total Balance Due Traveler |
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The above is a true statement of travel expenses incurred by me on official business with the CCPH on the dates shown and I have attached all original receipts for expenses. Return completed form to: Annika Robbins, CCPH, UW Box 354809, Seattle, WA 98195-4809. Phone: (206) 616-3472, Email: annikalr@u.washington.edu

**Traveler's signature:** **Date:**

Updated: Jan. 2005