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. If you wish to donate mileage, it will be calculated at $0.15 per mile.
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: CCPH, UW Box 354809, Seattle, WA 98195-4809.

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. **Original boarding passes** must be attached for reimbursement. Mileage rate is 0.505/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 (0.505 x miles)	Parking	Taxi and Shuttle	Airfare	Hotel (Daily amt; Room & tax)	Breakfast	Lunch	Dinner	Total Amount Per Day	Total Balance Due Traveler

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: CCPH, UW Box 354809, Seattle, WA 98195-4809. Email: ccphuw@u.washington.edu

Traveler's signature: **Date:**