



CBRAC Mileage Re-Imbursement Form
 CBRAC will use TX State reimbursement rate of (.585/mile)
 Email completed form to cbrac@cbrac.org or fax to 361-929-5104

Name: _____ Agency: _____

<i>Date</i>	<i>Miles*</i>	<i>Destination</i>	<i>Purpose</i>

Total miles _____ X .585 per mile = \$ _____

Signature _____ Date _____ CBRAC Authorization _____

- Reimbursements will only be made for trips that are greater than 50 miles round trip. (Per Board decision)
- Please attach to this form a **Google Map** that shows miles from your facility to meeting location. Please send JUST the map not the driving directions.
- To encourage carpooling only one reimbursement per Agency or Facility Campus.
- You must meet participation requirements per CBRAC Bylaws to be eligible for reimbursement. Participation requirements per CBRAC By-Laws Article IV Section 3 is: 4 out of 6 GM meetings, and 4 out 6 Standing Committee meetings.

DO NOT group reimbursements.

Reimbursements can only be honored in the fiscal year in which they incurred. Year runs September 1st through August 31st.

Include with your reimbursement an agenda from the meeting that you attended.

Where do we send the Check?

Name:

Address:

City, State, Zip code: