

PARTIAL PAYMENT
2017-2018
STATE COUNCIL YEAR

STATE COUNCIL PARTIAL PAYMENT
EXPENSE FORM
LOS ANGELES 2017-2018

ACCT# _____

APPROVED BY _____

Please return a copy to:

CTA
Governance Support Dept.
P.O. Box 921
Burlingame CA 94011-0921

NAME _____
Please print Signature

ADDRESS _____

Or fax to (650) 552-5010 CITY _____ ZIP CODE _____

STATUS, IF OTHER THAN
VOTING REPRESENTATIVE:

FOR MEMBER TO COMPLETE:

****THIS SIDE FOR CTA OFFICE USE ONLY****

I. TRANSPORTATION CHARGES

- A. Round Trip Air Fare \$ _____
Airport _____
Airline _____
- B. Car Expense: _____ miles X 53.5¢ \$ _____
- C. Parking Charges, if any \$ _____
- D. Bridge Toll, if any \$ _____

PLEASE DO NOT FILL IN THESE TOTALS! THEY ARE FOR CTA OFFICE USE ONLY!

TOTAL TRANSPORTATION ALLOWANCE REQUESTED \$ _____
(for CTA office use only)

II. MEALS (Itemized receipts are required for all meals)

- A. Friday Dinner \$ _____
- B. Saturday Meals, up to \$85.00 \$ _____
- C. Sunday Dinner _____
(Only if required/authorized for travel purposes)
Breakfast & Lunch provided by CTA

TOTAL MEALS ALLOWANCE REQUESTED \$ _____
(for CTA office use only)

TOTAL - PORTAGE \$ _____
(for CTA office use only)

TOTAL - HOTEL \$ _____

III. PORTAGE (\$7.00 per day)

\$ _____

TOTAL STATE COUNCIL EXPENSES \$ _____

IV. LODGING (check one)

- A. I plan to stay Friday night only \$ _____
Saturday night only \$ _____
Both nights \$ _____

PAY \$ _____
(for CTA office use only)

- B. CTA will pay approximately **\$78.09** per night for October 2017 and **\$79.82** effective for January, April, and June 2018. Those wishing a single room must pay the differential of **\$78.09** per night for October 2017 and **\$79.82** per night for January, April, and June 2018. The partial payment will be based on the higher rate of **\$79.82** for 2017-2018.

V. A partial payment (equaling APPROXIMATELY two-thirds of the total State Council expenses) will be distributed after adjournment.

(Partial payment form **MUST** be received by the Governance Support Dept. **3 weeks** prior to the date of the State Council meeting in order to receive a partial payment check on Sunday afternoon following adjournment.)

****THIS SIDE FOR CTA OFFICE USE ONLY****

FOR ACCOUNTING DEPARTMENT USE ONLY

ACCOUNTS PAYABLE VOUCHER

VENDOR#
[]

DUE DATE
[]

DESC (GL INPUT)
[]