CAL Card Reimbursement

Name on CAL Card: _____ Statement date: _____

Reason for reimbursement: (ex: Spent more than the allowed limit for meals):

_____

_____

Original charge: _____ Reimbursement amount: _____

Original account charged:

Fund	Object	Resource	0	Goal	Function	Location	Mgmt	Optional	0

I understand that purchases on my CAL Card are for expenses incurred by me in performance of official duties, and that all purchases made for travel and meal expenses are in accordance with VCOE regulations (Administrative Regulation 3540) and spending limits. VCOE Travel Policy

_____   _____
  Card Holder Signature   Date

_____   _____
  Branch Manager of Card Holder Signature   Date

_____   _____
  Associate Superintendent of Fiscal & Administrative Services Signature   Date

_____   _____
  Superintendent Signature   Date

Attach reimbursement check here.