

WEST REGION CSI Expense Form

PART A To be completed by everyone claiming reimbursement from the West Region Treasurer. No reimbursement will be made without this form **(no exceptions)**.

Documentation must be attached.

FY 2011 mileage calculation \$0.50 per mile.

If a potential claim is a non-budgeted item, or if there may be a question that expenditure may not be reimbursable, it is highly recommended that the claimant obtain written authorization prior to the incurrence of the actual expense(s). Deviation from this policy is at the risk of the claimant.

This is an application for reimbursement. It is not a commitment and any disbursement is subject to audit. No reimbursement allowed beyond **30 days** from the accrual (receipt date) nor without acceptable documentation.

DATE	EVENT	ITEM	Amount	Explanation/ Budget Category
a.				
b.				
c.				
d.				

Total \$ _____

Check Payable to: _____

I certify that none of the amount requested has been or will be reimbursed by any other source (employer, chapter, institute, etc.)

Mailing Address: _____

City, ST, Zip _____

Signature _____

Phone _____ fax _____

Date _____

PART B Send this form to one of the Officers below for approval. They will forward it to the Region Treasurer for payment.

David Willis, CSI, CDT, CCCM
BlockLite, Basalite Concrete Products, LLC
P.O. Box 540
Selma, CA 93662
559-647-7556 david.willis@paccoast.com

Craig Mount, CSI, CDT, AIA, LEED AP
AECOM
1515 S. Flower St., 8th Floor
Los Angeles, CA 90071
213-593-8280 craig.mount@aecom.com

Signature of Officer _____ Date _____

PART C	Disbursement	Ck. # _____	Amt \$ _____
For Treasurer's use	Posting	C/A # _____	\$ _____
Date Received _____		C/A# _____	\$ _____
		C/A# _____	\$ _____

This check was issued in accordance with applicable policies and procedures.

Treasurer's Signature _____ Date: _____

Robert C. Siegrist, CSI, CDT, AIA
CSI West Region Treasurer
764 P Street, Suite B
Fresno, CA 93721
(559) 497-6370 bob@dsjarchitects.com