

## CTA Organizing Plan Local Planning Grant Reimbursement Form

LOCAL CHAPTER: \_\_\_\_\_

CHAPTER ADDRESS: \_\_\_\_\_

CHAPTER CITY: \_\_\_\_\_ CHAPTER ZIP CODE: \_\_\_\_\_

NAME OF PERSON SUBMITTING FORM: \_\_\_\_\_

ROLE IN LOCAL CHAPTER: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

**\*You must submit a copy of the plan that resulted from your meeting, including measurable goals, action steps, who will be responsible for plan implementation, and timeline for reimbursement\***

How many elected Executive Board members participated in your planning meeting? \_\_\_\_\_

Grant recipients will receive release time reimbursement OR meeting expense reimbursement, depending on your approved grant application. Please fill out the appropriate box below.

### RELEASE TIME REIMBURSEMENT

**Total Release Time Expenses: \$ \_\_\_\_\_**

**District invoice(s) MUST be attached**

Release time reimbursement can be processed in one of two ways. If your chapter has already paid the district, we can reimburse your chapter (with proof of payment) or we can pay the invoice directly to your district. Release time will only be reimbursed for members not already on release.

**How would you like to be reimbursed?**

(select one)

- ☐ Reimburse our chapter  
☐ Pay invoice(s) directly to the district

### MEETING EXPENSE REIMBURSEMENT

Meeting Room Rental: \$ \_\_\_\_\_

Lodging: \$ \_\_\_\_\_

Food: \$ \_\_\_\_\_

Auto: \_\_\_\_\_ miles x .67 = \$ \_\_\_\_\_

Materials \$ \_\_\_\_\_

**Total Meeting Expenses: \$ \_\_\_\_\_**

Notes:

- **Itemized receipts MUST be attached**
- Maximum reimbursement is based on \$200 per exec board member in attendance
- Mileage is reimbursed at the current IRS rate (currently 67 cents/mile)
- Meeting expenses will be reimbursed to the local chapter
- Expenses must be aligned with [CTA Member Expense Guidelines](#)

OR

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

This completed form, release time invoices or itemized receipts, and local strategic plan should be returned to your regional CTA headquarters office:

**CTA Region I**  
1705 Murchison Dr.  
Burlingame, CA 94010

**CTA Region II**  
4100 Truxel Rd.  
Sacramento, CA 95834

**CTA Region III**  
11745 E. Telegraph Rd.  
Santa Fe Springs, CA 90670

**CTA Region IV**  
1169 Mountain Ave.  
Norco, CA 92860

#### For internal use only

Regional Review:

- Local Plan attached: ☐  
Aligns with approved application: ☐  
Invoices/receipts attached: ☐

**GRANT #** \_\_\_\_\_

RM Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Account Code: \_\_\_\_\_