

**2025 CTA SUMMER INSTITUTE**  
**MEMBER BENEFITS AWARD RECIPIENT (Commuter)**  
**TRANSPORTATION REIMBURSEMENT FORM**

NAME: \_\_\_\_\_  
(Please Print)

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

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_ EMAIL: \_\_\_\_\_

NAME OF CHAPTER: \_\_\_\_\_

**Commuter Award Recipient will be reimbursed no more than \$500.00 total for transportation costs:**

- Mileage at .70 cents for commuting not to exceed \$500. If your transportation costs exceed \$500 for roundtrip mileage to/from Westin Bonaventure Hotel, you will **not** be reimbursed for the difference.
- Designated Westin Bonaventure Hotel parking is \$22.00 a day or offsite parking at \$40 a day max.

You will **NOT** be reimbursed for:

- Meals outside of designated meals provided at Summer Institute Conference
- Rental car
- Ride-share or taxis after conference hours (such as going to and from dinner, etc.)
- **Not attending each day's entire session for the entirety of the Strand**

Automobile \_\_\_\_\_ miles\*, round trip from: \_\_\_\_\_ \$ \_\_\_\_\_

Total cost of parking: \_\_\_\_\_ \$ \_\_\_\_\_

\* Mileage will be verified by CTA using Mapquest.com

TOTAL \$ \_\_\_\_\_

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please note: Unless indicated, the participant will receive the travel reimbursement.**

**Check should be made payable to:** Name/Chapter \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_

This completed form and receipts for expenses are due within 30 days of the end of the month in which they are incurred. Please return to:

For Office Use Only:  
Exp. Code: 7075-70670  
EBT 8110005

Approved: \_\_\_\_\_

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

California Teachers Association  
Attn: Member Benefits Department  
1705 Murchison Drive  
Burlingame, California 94010  
650.552.5441 phone 650.552.5014 fax