## 2025 CTA SUMMER INSTITUTE MEMBER BENEFITS AWARD RECIPIENT (Air Travel) TRANSPORTATION REIMBURSEMENT FORM

NAME:	
	(Please Print)
ADDRESS:	
CITY:	ZIP:
PHONE:()	EMAIL:
NAME OF CHAPTER:	
• The most economical coach roundtr	ed no more than <u>\$500.00</u> total for transportation costs: rip airfare (based on a 21-day advance purchase) <i>or</i> o exceed the most economical coach roundtrip airfare based on
• Meals outside of designated Confer	in Bonaventure or staying at another non-CTA approved property rence meals provided at the Summer Institute Conference l airport (unless the roundtrip distance between your home and iles)

- Ride Share or taxi service to and from the airport and the hotel
- 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:		\$
Airfare**(receipt attached) round trip from:		\$
*Mileage will be verified by CTA using Mapquest.com **Airfare will be verified by CTA based on fares at 21-days before the conference. Airline receipts must be attached.	TOTAL	\$
Participant Signature:	_ Date:	

## Please note: <u>Unless indicated</u>, 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