



**CBRAC Mileage Re-Imbursement Form**  
 CBRAC will use TX State reimbursement rate of (.535/mile)

**Name:** \_\_\_\_\_ **Agency:** \_\_\_\_\_

<i>Date</i>	<i>Miles*</i>	<i>Destination</i>	<i>Purpose</i>

**Total miles** \_\_\_\_\_ **X** **.535per mile = \$** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_ **CBRAC Authorization** \_\_\_\_\_

\*Please attach to this form a **Google Map** that shows miles from your facility to meeting location. Include a map **FOR EACH DIRECTION** (sometimes they differ). Please send JUST the map not the driving directions. To encourage carpooling only one reimbursement per Agency or Facility Campus. You must meet participation requirements per CBRAC Bylaws to be eligible for reimbursement. Participation requirements per CBRAC By-Laws Article II Section 3 is: 3 out of 4 GM meetings, and 3 out 6 Standing Committee meetings **if** travel is involved (these may or may not be face to face meetings).

Please include with your reimbursement an agenda for the meeting that you attended.

**Where do we send the Check?**

Address:

City, State, Zip code: