



**SERVICE CENTER COUNCIL
 GUEST REIMBURSEMENT REQUEST**

TO: CTA Accounting Office

FROM: _____
 (Name of Service Center Council)

On _____, the following guests other than regular voting members attended a Service Center Council meeting
 (Date of Meeting) or function were provided a dinner.

 (Signature of SCC Officer) (Title)

Print Name of CTA Elected Leader or Other Official	Title	Remarks	Cost
Approved for Payment: _____ CTA Governance Office			Total
_____			Date

Print Name of CTA Employee	Title	Remarks	Cost
Approved for Payment: _____ Regional Manager			Total
_____			Date

Print Name of ABC Elected Leader or Other Official	Title	Remarks	Cost
Approved for Payment: _____ Governmental Relations Manager			Total
_____			Date

Grand Total



The SCC Guest Reimbursement form is designed to reimburse the Service Center Council for the cost of dinners the SCC provided to CTA staff and/or leadership.

Listed below are the general instructions for completing the SCC Guest Reimbursement form.

1. List Name of Service Center Council.
2. Date of Meeting.
3. Signature of the Chairperson or Treasurer.
4. Print Names, Titles, Individual Dinner Costs and Total Dinner Costs of the CTA Elected Leadership who attended the SCC meeting. These dinner costs are to be approved by the Governance Manager.
5. Print Names, Titles, Individual Dinner Costs and Total Dinner Costs of the Regional Staff who attended the SCC meeting. These dinner costs are to be approved by the Regional Manager.
6. Print Names, Titles, Individual Dinner Costs and Total Dinner Costs for the ABC Elected Leadership who attended the SCC meeting. These dinner costs are to be approved by the Governmental Relations Manager.
7. Sum the three departmental costs and include that total as the "Grand Total".
8. Send the completed form to CTA Accounting office. Reimbursement will be processed after CTA Accounting office obtains necessary approvals.