

2022 STATE COUNCIL  
PARTIAL PAYMENT EXPENSE FORM

ACCT# \_\_\_\_\_

APPROVED BY \_\_\_\_\_

Please return a copy to:

CTA  
Governance Support Dept.  
P.O. Box 921  
Burlingame CA 94011-0921

Fax to (650) 552-5010  
Email to (sgoodspeed@cta.org)

NAME \_\_\_\_\_  
Please print **Signature Required**

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

STATUS, IF OTHER THAN  
VOTING REPRESENTATIVE:

**FOR MEMBER TO COMPLETE:**

**\*\*\*\*THIS SIDE FOR CTA OFFICE USE ONLY\*\*\*\***

**I. TRANSPORTATION CHARGES**

- A. Round Trip Air Fare \$ \_\_\_\_\_  
Airport \_\_\_\_\_  
Airline \_\_\_\_\_
- B. Car Expense: \_\_\_\_\_ miles X 58.5¢ \$ \_\_\_\_\_
- C. Uber/Lyft/Taxi (to/from airport only) \$ \_\_\_\_\_
- D. Parking Charges, if any \$ \_\_\_\_\_
- E. Bridge Toll, if any \$ \_\_\_\_\_

**II. MEALS (Itemized receipts are required for all meals)**

- A. Friday Dinner \$ \_\_\_\_\_
- B. Saturday Meals, up to \$85.00 \$ \_\_\_\_\_
- C. Sunday Dinner \_\_\_\_\_  
(Only if required/authorized  
for travel purposes)  
Breakfast & Lunch provided by CTA

**III. PORTAGE (\$7.00 per day)**

\$ \_\_\_\_\_

**IV. LODGING (check one)**

- A. I plan to stay Friday night only \$ \_\_\_\_\_  
Saturday night only \$ \_\_\_\_\_  
Both nights \$ \_\_\_\_\_

- B. CTA will pay approximately **\$89.75** per night for January, March, and May 2022. Those wishing a single room must pay the differential of **\$89.74** per night.

**V. A partial payment (equaling APPROXIMATELY two-thirds of the total State Council expenses) will be distributed after adjournment.**

(Partial payment form **MUST** be received by the Governance Support Dept. **3 weeks** prior to the date of the State Council meeting in order to receive a partial payment check on Sunday afternoon following adjournment.)

**PLEASE DO NOT FILL IN THESE TOTALS! THEY ARE FOR  
CTA OFFICE USE ONLY!**

TOTAL  
TRANSPORTATION  
ALLOWANCE  
REQUESTED \$ \_\_\_\_\_  
(for CTA office use only)

TOTAL  
MEALS  
ALLOWANCE  
REQUESTED \$ \_\_\_\_\_  
(for CTA office use only)

TOTAL – PORTAGE \$ \_\_\_\_\_  
(for CTA office use only)

TOTAL – HOTEL \$ \_\_\_\_\_

TOTAL STATE COUNCIL  
EXPENSES \$ \_\_\_\_\_

PAY \$ \_\_\_\_\_  
(for CTA office use only)

**\*\*\*\*THIS SIDE FOR CTA OFFICE USE ONLY\*\*\*\***