CREDIT UNION IMPACT FOUNDATION
Your Philanthropic Partner

Professional Development Grant Reimbursement Form

The following expenses were incurred by while attending the held at on .

TRANSPORTATION

- Commercial (Receipt Must Be Attached): $
- Private: $ @ 70 cents/mile, # of miles, for a total of miles.

TAXI (Receipt Must Be Attached): $

PARKING (Receipt Must Be Attached): $

LODGING (Receipt Must Be Attached): $

REGISTRATION (Receipt Must Be Attached): $

MEALS (Receipt Must Be Attached)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Bkfst	$	$	$	$	$	$	$
Lunch	$	$	$	$	$	$	$
Dinner	$	$	$	$	$	$	$

Total Meals: $

TIPS & OTHER EXPENSES: $
Explanation:

TOTAL EXPENSES: $

Make reimbursement check payable to:

Email reimbursement form and receipt copies to Foundation Impact & Grantmaking Manager, Kaitlee Daw at kaitlee.daw@the-league.coop or Mail to:

The League of Credit Unions & Affiliates
Attn: Credit Union Impact Foundation
1709 Hermitage Blvd, Suite 200
Tallahassee, FL 32308

For Administrative Use Only

Approved By: _____, _____, Foundation Executive Director Date Approved: _____

Effective with IRS change January 1, 2025.