



Consumer Council System of Maine

A Voice for Consumers of Mental Health Services

EXAMPLE

Reimbursement Form

EXAMPLE

**All information below MUST be filled in. Forms will NOT be turned in to our bookkeeper until it is correct.
Form MUST be completed in PEN or will NOT be accepted!!!**

Name: <u>Jane/Joe Doe</u>	Phone: <u>555-5555</u>
Address: <u>1 Main Street, Apt. 102</u>	Town: <u>Anywhere</u> Zip: <u>00000</u>

SECTION 1: ATTENDANCE *(Check off the meeting you attended and fill in the date. Stipends are for SCC members only)*

Date	Meeting	Location	SCC Stipend	Office Use	Amount Due
	<input type="checkbox"/> Statewide Consumer Council	Augusta	\$45.00	Statewide	
	<input type="checkbox"/> Augusta Local Council	Augusta	\$25.00	R2, Central	
	<input type="checkbox"/> Bangor Area Local Council	Bangor	\$25.00	R3, North	
	<input type="checkbox"/> Belfast Local Council	Belfast	\$25.00	R2, Central	
	<input type="checkbox"/> Farmington Local Council	Farmington	\$25.00	R2, Central	
	<input type="checkbox"/> Lewiston Local Council	Lewiston	\$25.00	R2, Central	
	<input type="checkbox"/> Portland Local Council	Portland	\$25.00	R1, South	
	<input type="checkbox"/> Rumford Area Local Council	Rumford	\$25.00	R2, Central	
	<input type="checkbox"/> Waterville Local Council	Waterville	\$25.00	R2, Central	
	<input type="checkbox"/> Coordinating Committee		\$25.00	Statewide	
	<input type="checkbox"/> Community Outreach Subcommittee	Augusta	\$25.00	Statewide	
<u>6/30/2021</u>	<input checked="" type="checkbox"/> Issue Development Subcommittee	Augusta	\$25.00	Statewide	<u>0</u>
	<input type="checkbox"/> Legislative Subcommittee	Augusta	\$25.00	Statewide	
	<input type="checkbox"/> Other:		\$25.00	Statewide	
SubTOTAL STIPEND \$					<u>0</u>

If location is blank, please fill in Town meeting happened.

SECTION 2: TRAVEL

Attach receipts for public transportation or tolls claimed.

Date of Travel	To / From	Travel Method	# of Miles	\$ / Mile	Tolls	Amount Due
<u>6/30/2021</u>	<u>Anywhere to CCSM Office, Augusta</u>	<input type="checkbox"/> Car	<u>10</u>	\$.44	<u>1.00</u>	<u>5.40</u>
		<input type="checkbox"/> Large Van		\$.78		
		<input type="checkbox"/> Public (Bus, Taxi)	N/A	Cost	N/A	
Name and Address of Passenger(s) (\$5.00 each): (Please list below)						<u>5.00</u>
SubTOTAL TRAVEL \$						<u>10.40</u>

Please clearly print the First and Last Name of each passenger along

With their address below

Extra Passengers

First & Last Name	Address	City/Town
<u>John Smith</u>	<u>76 Tree Street</u>	<u>Beachcomber, ME</u>

SECTION 3: TOTALS

SubTOTAL STIPEND \$	<u>0</u>
SubTOTAL TRAVEL \$	<u>10.40</u>
GRAND TOTAL REIMBURSEMENT \$	<u>10.40</u>

SECTION 5: SIGNATURES *(Please make sure you sign and date the form below)*

Signature Jane/John Doe Chair/Staff Signature CCSM Staff Date: 6/30/2021

FORM INSTRUCTIONS

Please use one form for each meeting you attend. Do NOT document multiple meetings on one form.

All forms must be completed in PEN ONLY. Forms completed in pencil will NOT be accepted.

All information must be filled in, even if we have it on file. This helps to inform the bookkeeper of any change in your personal information.

Any inaccurate or incomplete forms will not be submitted for payment until corrections are made and the form is re-submitted to the CCSM office. If staff determines that changes need to be made to your form, we will send mail it back to you along with a return self-addressed stamped envelope so you can mail it back to the CCSM office once corrections have been made.

SECTION 1. ATTENDANCE

SCC Representatives: Please fill in the date and check off which meeting you attended, then put the stipend amount in the "Amount Due" area.

Local Council Members: Must still complete Section 1. Please fill in the date, and check off which meeting you attended, followed by putting a zero in the "Amount Due" area. (stipends are only for SCC Representatives)

SECTION 2. TRAVEL

Passengers: If claiming any passengers, you must write in the Full Name of each passenger along with their full address in the designated space on the back of the form.

PLEASE PRINT CLEARLY!!

SECTION 3. TOTALS

All subtotal amounts from Sections 1 & 2 must be carried down to Section 4 and added together that sum is put in the "Grand Total Reimbursement" box.

All forms **MUST** be **REVIEWED & SIGNED** by the meeting chairperson or CCSM Staff.

Due to the cost of processing and mailing out checks for small amounts, all reimbursement forms turned in that total less than \$15 will be held and not sent in to our bookkeeper for processing until the member accumulates forms totaling over \$15.

Per the CCSM Mileage Policy, mileage is determined using Google Maps (shortest distance), NOT car odometers or any other online mapping programs. Mileage is paid round trip from your HOME destination. If you are unsure of your mileage amount, please ask the chairperson of the meeting to look at the mileage reference sheet.

If mileage is not consistent with our reference sheet, then an explanation must be given on the form and staff notified. If this is the case, please leave the " # of miles" section blank and staff will calculate mileage for you. You MUST provide the full address of your HOME destination.