

Alternate form-
no formulas

CO-DEPENDENTS ANONYMOUS, INC. Expense Reimbursement Request - 2015

Alternate form-
no formulas

COMMITTEE:	Date:
PURPOSE: Conference(CSC) F2F* Other:	Service Dates: to

MAKE CHECK PAYABLE TO:

First Name	Last Name
Address	City/State/Zip/Country
E-mail	Telephone/Fax

	MISCELLANEOUS EXPENSES	Details	Amount
a	Supplies Telephone Copying		
b	Postage Supplies Copying		
c	Other(Explain)		
d	Add lines a thru c	Miscellaneous Expenses Subtotal	

e TRAVEL Schedule	Date & Time	If traveling by a means other than air, check here <input type="checkbox"/> & attach flight estimate which limits travel claim. (See ER Policy, Sec 3.a.)
f Departure from home:		
g Return to home:		

	TRAVEL EXPENSES	Details	Amount
h	Transportation	Air	
i		Shuttle/Taxi/Bus/Rental	
j		Baggage	
k		Parking	
l	Lodging	No. of nights Rate:	Location:
m	Meals	No. of Days	(\$46* per diem/day) (\$66 per diem/day for CSC 2015)
n	Mileage	\$0.575 /mile Miles:	
o	Misc. expenses	Explain:	
p	Add lines h thru o	Travel Subtotal	
q	Add lines g and p	Subtotal	
r	Less 7 th Tradition Donation to CoDA		
s	Advance Ref #:	Less advance received (if any) & Less other credits (see instructions)	
t	Total amount owing to member		
u	OR Amount of check due CoDA		

Member's Signature	Date:
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Please attach all receipt(s) for all listed expenses except meals. Sign, or type your name and email from your personal email address which constitutes your electronic signature, and email to '9FF4 7 c85 "cf[

CoDA ERR line by line instructions – Alternate fill-in Form

(Form ERR 2015 06 01 V6 alt)

Use this form to fill in and print form for non-PC users. There are no formulas or menus.

Which form to use

Note to non-PC users. The original form works best on a PC-based computer. If you have troubles, use this alternate fill-in form. Test this form. If you can save a filled in form on your computer, close it, and then reopen it and if the data is still in the form, proceed with this form. This was reported as an issue on a Chromebook. The default Chromebook PDF reader is not compatible with Adobe fill-in PDFs. Try selecting Adobe reader to use the fill-in form.

Committee: Enter committee name that will be charged for the expenses being submitted. If expenses are divided between 2 committees or conference and convention, please attach a clear explanation to this form. If this is a TRO, enter “Events TRO” followed by type (Host or Delegate).

Date: today’s date in m/d/yy format, e.g. for April 15, 2015 enter 4/15/15.

Purpose: Choose the “Circle” in front of the purpose: “CoDA Service Convention (CSC)”, “face to face (f2f)”, or specify after “other”. If it is for both the CSC and f2f, choose CSC. **Dates of Service:** Actual dates of service in m/d/yy format. Include your travel dates. If you had personal days, indicate the dates you would have traveled if you had only come to the CoDA event for which you’re requesting reimbursement.

Make Check Payable to: Name of Trusted Servant and where the check will be sent. Email and Phone numbers are so we can contact you in the event of questions about your submission.

Miscellaneous Expenses lines a-c: Check the dot before the category of Miscellaneous Expense and give a brief explanation in the “Details” column with the total expense for that line in the “Amount” column. For line c, use the box for general area of expense in the “Details” column.

Line d “Miscellaneous Expenses Subtotal”: Add the amounts for lines a through c

Travel schedule: To the far right of line e is a box to be checked if you have to submit a limiting airfare estimate. If you are adding personal travel and modifying your itinerary or are using an alternative mode of transportation, you will need to submit a cost estimate for a ticket that would get you from your home to the destination for the times you need to be there for CoDA business. You can usually choose flights and print an itinerary just before you pay for them without any charge, but it will show the cost for the tickets if you were to purchase them. This amount plus related travel to/from the airport would be the amount that limits what you can claim from your actual costs. If your actual costs are less than the estimated costs, you will be reimbursed for the actual costs.

Line f & g “Departure from”/“Return to home:” “Date & Time” in format m/d/yy hh:mm (use pm or military time [+12:mm] for after 12:00 noon). Enter the time you would leave/arrive home if you were traveling just for business (no personal time added to the trip).

Travel Expenses lines h-o:

Line h-k “Transportation”:

h Transportation--Air: Under "Details" show airline and destinations, e.g. "AA flight ORD to MOC". Attach the receipt showing the itinerary and/or boarding passes for documentation. Enter the cost in the "Amount" column.

i "Shuttle/Taxi/Bus/Rental": Enter a brief explanation and the total amount of all expenses in this category in the "Amount" column. Attach the receipts documenting the cost.

j "Baggage": Enter the # of bags checked each way and the total cost in the "Amount" column.

k "Parking": Enter the number of days and location of parking, e.g. "5 days at ORD" with the total cost in the "Amount" column. NOTE: if the trip was extended for personal time prorate the time to show the **business portion of the parking only**.

Line l "Lodging": Enter the number of nights just after "No. of nights" and the rate per night including tax after "Rate:" "Location", enter hotel name, city and state. "Amount" column equals the number of nights x cost per night.

Line m "Meals": Enter the number of days you can claim based upon the days of service. Travel days are paid at .75 day unless you departed your home before 7:30 AM or returned home after 6:00 PM. e.g. If you left home at 9:00 AM on Friday to catch a noon flight at the airport 1 hour away and attended a CoDA f2f Friday night, all day Sat and Sunday, returning home on Monday, arriving home at 4:00 PM, you would claim $.75 + 1 + 1 + .75 = 3.5$ days. If your flight was at 9:30 AM Friday requiring you to depart home at 6:30 AM, our policy allows you to claim Friday as a full day and you would claim 3.75 days. The "Amount" column equals the number of days times the per diem for the purpose of the trip. F2F is generally a lesser Per Diem than for CSC, see form for rate.

Line n "Mileage": Enter the number of miles driven in the box after "Miles:" and an explanation in "Details." "Amount" column equals the current rate on the form x the miles driven. Include documentation. Either a map program printout displaying the trip and mileage or a record of odometer starting and ending readings, date, destination, and business purpose.

Line o "Misc. Expenses": is for other miscellaneous travel expenses. Give a brief explanation after "Explain:" and the total cost in the "Amount" column.

Line p "Travel Subtotal": Add the amounts in the "Amount" column for lines h through o.

Line q "Subtotal": Add lines g and p.

Line r "Less 7th Tradition Donation to CoDA": Place a positive amount in the left hand column that you would like to donate to CoDA through reducing your Expense Reimbursement Request. If you feel that the amount of Per Diem that you are eligible for is more than what you spent on your meals and miscellaneous out of pocket expenses, then you could give back the excess to CoDA through this line.

Line s "Less advance received (if any)": If you received an advance, enter the Advance tracking Number in the box at the beginning of the line and the amount of the advance in the left hand column. Please make sure you attach your Advance Request Form.

Line s "& Less other credits": Use this line to enter as a positive number any amount that you need to adjust the amount CoDA owes you. An example is the support given by your Voting Entity to serve as a delegate. A positive number will reduce the amount you will receive from CoDA. Be sure to give an explanation in the comments box and include necessary documentation. If you had an advance and a credit, add them together and enter them here. Note the amounts in the comments box.

Line t or u "Total amount owing to member" or "Amount of check due CoDA": Subtract any 7th tradition donation given on line r and subtract any advance received (or other credit) on line s from "Subtotal" line q. If the amount is positive (due you) put it on line s, if it is negative (due CoDA) put it as a positive number in the left column on line t. If it is zero, enter zero and still submit the form. The

form will be audited for accuracy and receipts are necessary for all reimbursements **and advances already received.**

Line t “Total amount owing to member”: This is the amount of your request. Your form will be approved according to our Expense Reimbursement Approval Policy and a check will be issued. If there is problem with receipts or other information, this amount may change.

Line u “OR Amount of check due CoDA”: This is the unaudited amount that you owe CoDA. We ask that you **wait until the ERR is approved and you are informed of the amount of the check you will need to write to CoDA, Inc.** and send to the Phoenix office.

CoDA, Inc.
Fellowship Services Office
PO Box 33577
Phoenix, AZ 85067-3577

Use the box below line u to explain anything unusual about your ERR. You have 300 characters. If you need more space, please attach additional information on a document submitted with your ERR.

Member’s signature and Date (m/d/yy). If you email your form in from your own email, that constitutes a signature for our purposes. If you print out the form, you can sign it and scan a copy to submit it to the ERR@CoDA.org. You can also fax it to the bookkeeper.

Please note: All items claimed on the form must be substantiated with a detailed receipt, except for meals, and parking/toll/rapid transit charges less than \$10.

***Per Diem covers food and other incidentals. If you have received a free meal and would like to reduce your Per Diem amount. Please claim the full Per Diem amount and consider reducing your reimbursement by offering a 7th tradition on line “R” on your ERR. Thank you.**