



California Joint Powers Risk Management Authority

Travel Reimbursement Expense Form

Payable to Member

Claimant Name: _____

Entity: _____

PAYEE Address: _____

Meeting or Committee: _____

Date of Meeting: _____

Location of Meeting: _____

Meals:

Max Meal Allowance (With Receipts)	Breakfast	Lunch	Dinner	Totals
	\$15.00	\$20.00	\$40.00	\$75.00
Date:				
Date:				
Date:				
Date:				

Payable to Member

Total Meals \$ _____

Mileage _____ x \$0.50= \$ _____

Car Rental \$ _____

Air, Bus or Train Fare \$ _____

Lodging \$ _____

Taxi \$ _____

Bridge Tolls \$ _____

Parking Fees \$ _____

Registration \$ _____

Incidental Expenses \$ _____

TOTAL PAYABLE TO MEMBER \$ _____

Signature: _____ **Date:** _____

Return with Receipts to: California Joint Powers Risk Management Authority

3252 Constitution Drive

Livermore, CA 94551

Attention: Lola Deem, Financial Analyst

E-mail: lola@cjrma.org or Fax: 925-290-1543