



# 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 \$0.55= \$ \_\_\_\_\_

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

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