



California Joint Powers Risk Management Authority
Travel Reimbursement Expense Form

2019 Payable to Entity

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 Entity

Total Meals \$ _____

2019 Mileage _____ x \$0.58= \$ _____

Car Rental \$ _____

Air, Bus or Train Fare \$ _____

Lodging \$ _____

Taxi \$ _____

Bridge Tolls \$ _____

Parking Fees \$ _____

Registration \$ _____

Incidental Expenses \$ _____

TOTAL PAYABLE TO ENTITY \$ _____

Signature: _____ **Date:** _____

Return with Receipts to:
California Joint Powers Risk Management Authority
3201 Doolan Road, Suite 285
Attention: Lola Deem, Financial Analyst
E-mail: lola@cjprma.org or Fax: 925-290-1543

Board Members and Alternates will not be reimbursed by CJPRMA if they are also being reimbursed by their member entity. It is not the responsibility of CJPRMA to monitor reimbursements.