



**California Joint Powers Risk Management Authority**  
**Travel Reimbursement Expense Form**

2020 Payable to Director

Name: \_\_\_\_\_

Entity: \_\_\_\_\_

PAYEE Address: \_\_\_\_\_

\_\_\_\_\_

Meeting or Committee: \_\_\_\_\_

Date of Meeting: \_\_\_\_\_

Location of Meeting: \_\_\_\_\_

**Meals:**

| <b>Max Meal Allowance</b> | <b>Breakfast</b> | <b>Lunch</b> | <b>Dinner</b> | <b>Totals</b> |
|---------------------------|------------------|--------------|---------------|---------------|
| (With Receipts)           | \$15.00          | \$20.00      | \$40.00       | \$75.00       |
| Date:                     |                  |              |               |               |
| Date:                     |                  |              |               |               |
| Date:                     |                  |              |               |               |
| Date:                     |                  |              |               |               |

**Payable to Member**

Total Meals \$ \_\_\_\_\_

2019 Mileage \_\_\_\_\_ x \$0.575 = \_\_\_\_\_ \$ \_\_\_\_\_

Car Rental \$ \_\_\_\_\_

Air, Bus or Train Fare \$ \_\_\_\_\_

Lodging \$ \_\_\_\_\_

Taxi \$ \_\_\_\_\_

Bridge Tolls \$ \_\_\_\_\_

Parking Fees \$ \_\_\_\_\_

Registration \$ \_\_\_\_\_

Incidental Expenses \$ \_\_\_\_\_

**TOTAL PAYABLE TO DIRECTOR** \$ \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Return with Receipts to:**  
**California Joint Powers Risk Management Authority**  
 3201 Doolan Road, Suite 285  
 Livermore, CA 94551  
 Attention: Lola Deem, Finance Officer  
 E-mail: [lola@cjprma.org](mailto: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.**