

Post Office Box 706  
Willows, CA 95988

Member Expense Form

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

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

Position :  District Manager       Board Member  
 Employee

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

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

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

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

Meals

	Partial Day Allowances			Totals
	Breakfast	Lunch	Dinner	
Per Diem Maximum:	\$11.00	\$16.00	\$29.00	\$56.00
Date				
Date				
Date				

Payable to Entity

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

Private Car:

# Miles \_\_\_\_\_ x \$0.535 \$ \_\_\_\_\_  
(Mileage rate as of 1/1/2015)

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

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

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

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

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

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

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

Total Payable to Board Member: \$ \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Return to: Post Office Box 706, Willows, California 95988