

Post Office Box 706  
Willows, CA 95988

Member Expense Form – 2017

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

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

PAYEE 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				

**Important: Select column based on appropriate Payee -->**

Payable to  
Entity

Payable to  
Member

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 Entity:	\$ _____	
Total Payable to Member:		\$ _____

Signature

Date

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