

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 \$0.545 \$ _____
(Mileage rate as of 1/1/2018)

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