Golden State Risk Management Authority

Member Expense Form – 2020

Claimant Name: ____________________________________________
Entity: ____________________________________________________
PAYEE Address: ____________________________________________
Meeting or Committee: _______________________________________
Date of Meeting: ____________________ Location of Meeting: _______

<table>
<thead>
<tr>
<th>Meals</th>
<th>Partial Day Allowances</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Per Diem Maximum:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Breakfast</td>
<td>$11.00</td>
<td></td>
</tr>
<tr>
<td>Lunch</td>
<td>$16.00</td>
<td></td>
</tr>
<tr>
<td>Dinner</td>
<td>$29.00</td>
<td></td>
</tr>
<tr>
<td>Totals</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Date
Date
Date

Important: Select column based on appropriate Payee -->

Payable to
Payable to
Entity
Member

Total Meals: $ ____________________________ $ __________________
Private Car: $ ____________________________ $ __________________
# Miles _________ x $0.575 (Mileage rate as of 1/1/2020) $ ____________________________ $ __________________
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