



Golden State Risk Management Authority

Post Office Box 706
Willows, CA 95988

Member Expense Form – 2021

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 \$0.56 \$ _____
(Mileage rate as of 1/1/2021)

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

Phone: 530-934-5633
Fax: 530-934-8133

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www.gsrma.org