



# Golden State Risk Management Authority

Post Office Box 706  
Willows, CA 95988

Member Expense Form – 2023

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

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

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

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

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

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

Meals

| Per Diem Maximum: | Partial Day Allowances |         |         | Totals  |
|-------------------|------------------------|---------|---------|---------|
|                   | Breakfast              | Lunch   | Dinner  |         |
|                   | \$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 \$0.655 (Mileage rate as of 1/1/2023) \$ \_\_\_\_\_

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