



Golden State Risk Management Authority

Post Office Box 706
Willows, CA 95988

Member Expense Form – 2024

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 \$0.67 <small>(Mileage rate as of 1/1/2024)</small>	\$ _____	\$ _____
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