



Golden State Risk Management Authority

Post Office Box 706
Willows, CA 95988

Member Expense Form – January 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

Total Meals: \$ _____

Private Car:

Miles _____ x \$0.67 \$ _____
(Mileage rate as of 1/1/2024)

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