



**CALIFORNIA INTERGOVERNMENTAL
RISK AUTHORITY**

2022/2023 REQUEST FOR EXPENSE
REIMBURSEMENT

[PLEASE SUBMIT WITH RECEIPTS]

This form should be submitted within 30 days of completing travel, but no later than the end of the fiscal year. Allowable expenses are reimbursed per the travel & expense policy.

Name: _____

Position: Exec. Board Other: _____

Member Entity: _____

Travel Type: Exec. Meeting Board Meeting Training: _____

Date(s): _____

Meals:

Maximum Reimbursable (including tip): Breakfast \$15.00; Lunch \$20.00; and Dinner \$50.00

Date	Breakfast		Lunch		Dinner		TOTAL	
	<i>Paid by Indiv.</i>	<i>Paid by Entity</i>	<i>Paid by Indiv.</i>	<i>Paid by Entity</i>	<i>Paid by Indiv.</i>	<i>Paid by Entity</i>	<i>Paid by Indiv.</i>	<i>Paid by Entity</i>
							\$	\$
							\$	\$
							\$	\$
							\$	\$

Other Expenses:

	<i>Paid by Indiv.</i>	<i>Paid by Entity</i>
Car Rental <i>[include gas]</i>	\$ _____	\$ _____
Cab / Shuttle / Parking / Tolls	\$ _____	\$ _____
Airfare	\$ _____	\$ _____
Hotel	\$ _____	\$ _____
Other <i>[describe below]</i>	\$ _____	\$ _____

Mileage – Select Vehicle:

	<i>Personal Vehicle</i>	<i>Entity Vehicle</i>
<i>(miles) x \$0.62.5</i> <i>[IRS Rate eff. 7/1/22]</i>	\$ _____	\$ _____

Process Check(s): To Entity: \$ _____ ***Mailed to Entity***

To Individual: \$ _____ ***Mailing Address:***

Other:

Signature: _____

Date: _____

Comments/Description: _____