



# Golden State Risk Management

Post Office Box 706  
Willows, CA 95988

Member Expense Form – 2009

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	
	\$9.00	\$13.00	\$24.00	\$46.00
Date				
Date				
Date				

**Important: Select column based on appropriate Payee -->**

Payable to  
Entity

Payable to  
Member

Total Meals:	\$ _____	\$ _____
Private Car:		
# Miles _____ x \$0.55 <small>(Mileage rate as of 1/1/2009)</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

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

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