



# Golden State Risk Management Authority

Post Office Box 706  
Willows, CA 95988

## Member Expense Form – January 2026

Claimant Name: \_\_\_\_\_  
 Member Entity: \_\_\_\_\_  
 Member Entity Address: \_\_\_\_\_  
 Meeting or Committee: \_\_\_\_\_  
 Date of Meeting: \_\_\_\_\_  
 Location of Meeting: \_\_\_\_\_

### Meals

Per Diem Maximum	Partial Day Allowances			Totals
	Breakfast	Lunch	Dinner	
	\$22.00	\$23.00	\$36.00	\$81.00
Date				
Date				
Date				

### Payable to Entity

Total Meals: # \_\_\_\_\_  
 Private Car: \$ \_\_\_\_\_  
 # Miles \_\_\_\_\_ x \$0.725 \_\_\_\_\_  
(Mileage rate as of 1/1/2026)  
 Car Rental: \$ \_\_\_\_\_  
 Air, Bus, or Train Fare: \$ \_\_\_\_\_  
 Lodging: \$ \_\_\_\_\_  
 Taxi: \$ \_\_\_\_\_  
 Bridge Tolls: \$ \_\_\_\_\_  
 Parking Fees: \$ \_\_\_\_\_  
 Incidental Expenses: \$ \_\_\_\_\_  
 Total Payable to Entity: \$ \_\_\_\_\_

\_\_\_\_\_  
 Signature Date

**Return to: Post Office Box 706, Willows, CA 95988**

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

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