



Golden State Risk Management Authority

Post Office Box 706
Willows, CA 95988

Member Expense Form: July 2026-December 2026

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

Meals

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

Payable to Entity

Total Meals: # _____
Private Car: \$ _____
Miles _____ x \$0.76 _____
(Mileage rate as of 7/1/2026)
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

California Association of Joint Powers Authorities
Accredited with Excellence since 1992

Website:
www.gsrma.org