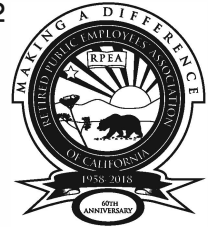


Retired Public Employees' Association of California

300 T Street, Sacramento, CA 95811-6912 • (916) 441-7732 or (800) 443-7732



2018 General Assembly Expense Claim (for Delegates and Invited Guests Only)



NAME – PLEASE PRINT _____ CHAPTER # _____ TELEPHONE NUMBER _____

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____ Approved Special Travel (1)

INSTRUCTIONS FOR ALLOTTED AMOUNT ON BACK List Expenses Daily

Date of Expense (2)	Flight Amount (3)	Miles Traveled (4)	Mileage Amount (\$0.545/mi) (5)	Shuttle Taxi & Other (6)	Lodging Amount (7)	Meals (8)	Meal Amounts (9)	Incidentals & Other Expense (10)	Total for the Day (11)
9/7/18									
9/8/18									
9/9/18									
9/10/18						B L			
9/11/18						B L			
9/12/18						B			
9/13/18									

Meals greyed out are provided, and no reimbursement will be allowed without prior authorization.

TOTALS \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____

ADDITIONAL EXPLANATION

(12) Total Claim \$ _____ (13) Travel Advance \$ _____

(14) **BALANCE DUE** \$ _____
CANARY COPY TO HEADQUARTERS, WHITE FOR YOUR RECORDS

(If additional space is needed, attach a separate sheet.)

I hereby certify that the above is a true statement of travel expenses incurred by me in accordance with the Association policy, that all items shown were for General Assembly business of the Association and that I have not been reimbursed from any other source for any expenses claimed herein.

SIGNATURE DATE

Approved By Date Paid _____ Check Number _____