



RETIRED PUBLIC EMPLOYEES ASSOCIATION OF CALIFORNIA

300 T Street, Sacramento, CA 95811-6912 • (916) 441-7732 or (800) 443-7732 • FAX (916) 441-7413



Expenses Incurred on RPEA Business

Claimant's Name: _____

Chapter Name: _____ Chapter Number: _____

Address: _____

Title: _____

Telephone No: (_____) _____

Approved Special Travel ☐

Date	Reason for Expenses (1) (a) Location (b) Reason	Transportation (2)				Lodging Amount (3)	Meals (4)			Incidentals & Other Exp. (5)	Code (6)	Total For the Day (7)	
		Public Carrier (a)	Private Car		Shuttle Taxi & Other (d)		Type						Amount (b)
			Miles (b)	Amount (c)			B	(a) L	D				
	(a) _____ (b) _____			0.00						0.00		0.00	
	(a) _____ (b) _____			0.00						0.00		0.00	
	(a) _____ (b) _____			0.00						0.00		0.00	
	(a) _____ (b) _____			0.00						0.00		0.00	
	(a) _____ (b) _____			0.00						0.00		0.00	
	(a) _____ (b) _____			0.00						0.00		0.00	
	(a) _____ (b) _____			0.00						0.00		0.00	
	(a) _____ (b) _____			0.00						0.00		0.00	
	TOTAL	\$ 0.00	0.00	\$ 0.00	\$ 0.00	\$ 0.00	0.00	0.00	0.00	\$ 0.00	\$ 0.00	\$ 0.00	
											TOTAL CLAIM	\$ 0.00	

Additional Explanation: _____

Authorized By _____

Travel Advance: \$ _____ Balance Due: \$ 0.00

OFFICE USE ONLY	
CODE	AMOUNT
TOTAL	

Signature _____

Date _____

APPROVED BY: **Print Form to mail (if receipts are required)**

DATE PAID: **Email form (If no receipts required)**

CHECK NO. **Clear all from fields**

CHECK AMT: \$ _____