



2020
Travel Reimbursement Expense Form

Claimant Name: _____
 Entity: _____
 PAYEE Address: _____

 Meeting or Committee: _____
 Date of Meeting: _____
 Location of Meeting: _____

Meals:

	Partial Day Allowances			Totals
	Breakfast	Lunch	Dinner	
Per Diem Maximum:	\$17.00	\$18.00	\$34.00	\$59.00
Date:				
Date:				
Date:				

	Payable to Entity	Payable to Claimant
Total Meals =		
Private Car: Miles ___ x \$.575 = _____		
Car Rental		
Air, Bus, or Train Fare		
Lodging		
Taxi		
Bridge Tolls		
Parking Fees		
Incidental Expenses		

TOTAL PAYABLE TO ENTITY _____

TOTAL PAYABLE TO CLAIMANT _____

Signature: _____

Date: _____

Return To: Affiliate Risk Captive
 75 Iron Point Circle, Suite 200
 Folsom, CA 95630
 Attention: Accounting Technician
 Revised 2/4/2021 E-mail to: invoices@prismrisk.gov or Fax: 916-850-7800