



# FIRE RISK MANAGEMENT SERVICES

1750 Creekside Oaks Drive, Suite 200  
Sacramento, CA 95833  
Fax 916-244-1198

## Travel Reimbursement Request

Name: \_\_\_\_\_  
Member District: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: (     ) \_\_\_\_\_ FAX: (     ) \_\_\_\_\_

### Detail of Expenses

*\*Receipts must be attached to this form to receive reimbursement.  
\*For mileage reimbursement, attach a map screenshot of distance traveled.*

FRMS Board Meeting       Conference       Other \_\_\_\_\_

Name of Event: \_\_\_\_\_  
Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

<b>Transportation:</b> <i>(Based on round-trip coach fares or mileage, whichever is less)</i>		<b>Total Amount</b>
1.	Transportation: _____ miles @ current IRS rate per mile	\$ _____
2.	*Commercial Mode: _____	\$ _____
3.	*Bridge Tolls \$ _____ + *Parking \$ _____	\$ _____

<b>Lodging:</b>		
1.	*Lodging      Rate per night \$ _____	\$ _____

<b>Meals:</b> <i>(A maximum of \$110 per day for food and beverages is reimbursable)</i>		
1.	*Breakfast:      No. of meals _____	\$ _____
2.	*Lunch:      No. of meals _____	\$ _____
3.	*Dinner:      No. of meals _____	\$ _____

<b>Miscellaneous:</b> <i>(Reimbursement for the following expenses must be approved by President or Treasurer)</i>		
1.	Telephone	\$ _____
2.	*Meeting/Conference Supplies	\$ _____
3.	*Other (please list, attach an extra page, if needed)	\$ _____
	_____ \$ _____	\$ _____
	_____ \$ _____	\$ _____

\*=Receipt required      **TOTAL EXPENSES:** \$ \_\_\_\_\_

**I certify that the above is a true accounting of transportation and other allowable expenses and understand that receipts must be attached to this expense form to receive reimbursement for those expenses.**

Signed: \_\_\_\_\_

**Payment:** *(To be remitted within forty-five (45) days after receipt of completed form and receipts)*

Make Check Payable to: \_\_\_\_\_  
Mail to address: \_\_\_\_\_

*Please send the signed form and receipts to FRMS, 1750 Creekside Oaks Drive, Suite 200, Sacramento, California 95833*