



**Public Agency Risk Management Association
2023 Reimbursement Expense Form**

Date: _____

Claimant Name: _____

Payee Address: _____

Meeting or Event: _____

Date (s): _____

- Purpose: Reimbursement for Travel Expenses
 Purchase of Supplies on behalf of PARMA
 Other _____

MEALS / MISCELLANEOUS

| Per Diem Maximum Amount | Breakfast \$15.00 | Lunch \$20.00 | Dinner \$40.00 | *Incidental Expenses \$25.00 | TOTALS |
|-------------------------|-----------------------------|-------------------------|--------------------------|--|--------|
| Date: | | | | | |
| Date: | | | | | |
| Date: | | | | | |
| Date: | | | | | |
| Date: | | | | | |

*for each night of hotel stay on PARMA business. No receipts required if \$25 or less Sub-Total _____

TRAVEL

| | Auto Mileage | Auto Rental / Taxi | Airplane/Train Fare | Parking |
|-------|---------------------------------|--------------------|--------------------------------|---------|
| | # miles x 65.5 cents per mile = | | From: _____ To: _____ | |
| Date: | | | | |
| Date: | | | | |
| Date: | | | | |

Sub-Total _____

OTHER EXPENSES:

| |
|----------------------------------|
| Please List Category & Amount(s) |
| Date: |
| Date: |
| Date: |

TOTALS: _____

Claimant's Signature: _____

**Please e-mail, mail or fax completed form & receipts to:
 PARMA
 One Capitol Mall, Suite 800
 Sacramento, CA 95814
 Fax: 916.444.7462 | e-mail: gpeterson@amgroup.us**

Approved by: _____ Date Paid: _____ Amount: \$ _____ Check# _____