

TRINDEL INSURANCE FUND

CLAIMANT: _____
 (who the check is being made out to)

Purpose of Meeting: _____

CIRCLE COUNTY: ALPINE, COLUSA, DEL NORTE, LASSEN, MODOC,
 MONO, PLUMAS, SAN BENITO, SIERRA, SUTTER, TRINDEL,
 TEHAMA, TRINITY

Date: _____
 Location: _____

CLAIMANT ADDRESS: _____

Reimburse Claimant

Total Meals \$ _____
 Private Car:
 Miles _____ x \$0.70= \$ _____
 Car Rental \$ _____
 Air, Bus or Train Fare \$ _____
 Lodging \$ _____
 Taxi \$ _____
 Bridge Tolls \$ _____
 Parking Fees \$ _____
 Incidental Expenses \$ _____
 Safety Funds \$ _____
 Leadership Training Funds \$ _____
 Registration \$ _____

Total Payable: \$ _____

MEALS:

DAY ALLOWANCES

	Date:	Date:	Date:	Date:	Date:
Breakfast:					
Lunch:					
Dinner:					
Totals:					

check if you would like the invoice to be sent with check

I certify that this is a true statement of expenses of "official business" for Trindel Insurance Fund.

Preparer's Signature: _____ Dated: _____

Trindel Board Member/Alternate Approved: _____ **Dated:** _____

Return: Trindel Insurance Fund, 51 Arbuckle Court/P.O.Box 2069 Weaverville, CA 96093/Fax 530-623-5019/Email: jcontos@trindel.org