

**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, TRINITY

Date: \_\_\_\_\_  
 Location: \_\_\_\_\_

CLAIMANT ADDRESS: \_\_\_\_\_

**Reimburse Claimant**

Total Meals \$ \_\_\_\_\_  
 Private Car:  
 Miles \_\_\_\_\_ x \$0.56= \$ \_\_\_\_\_  
 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: hrowbury@trindel.org