

TRINDEL INSURANCE FUND

CLAIMANT: _____

Purpose of Meeting: _____

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

Date: _____

Location: _____

PAYEE ADDRESS: _____

Reimburse Claimant

Total Meals \$ _____
 Private Car:
 Miles _____ x \$0.55.5= \$ _____
 Car Rental \$ _____
 Air, Bus or Train Fare \$ _____
 Lodging \$ _____
 Taxi \$ _____
 Bridge Tolls \$ _____
 Parking Fees \$ _____
 Incidental Expenses \$ _____
 Loss Control Fund \$ _____
 Undisbursed Loss Prevention \$ _____
 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 to: Trindel Insurance Fund, 140 Miner Street/P.O. Box 2069, Weaverville, CA 96093/Fax 530-623-5019/Email: office@trindel.org