TRINDEL INSURANCE FUND

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

SELECT COUNTY: Trindel

Purpose of Meeting:_____
_____

Date:_____
Location:_____

CLAIMANT ADDRESS:_____

Reimburse Claimant

Total Meals	$_____
Private Car:	
Miles _____x $0.76	$_____
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

REVISED: 01/07/2025