FIRE AGENCIES SELF INSURANCE SYSTEM

1750 Creekside Oaks Drive, Suite 200
Sacramento, CA 95833
800-541-4591 Fax 916-244-1198

Travel Reimbursement Request

Name: _____
Member District: _____
Address: _____
_____

Telephone: ( ) _____ FAX: ( ) _____

Detail of Expenses

**Receipts must be attached to this form to receive reimbursement.*
This form and receipts must be submitted within sixty (60) days from the last date on which the expenses incurred.

☐ FASIS Board Meeting ☐ Conference ☐ Other _____

Name of Event: _____
Dates: From:_____ To:_____

			Total Amount
Transportation: *(Based on round-trip coach fares or mileage, whichever is less)*			
1.	Transportation: _____ miles @ current IRS rate per mile		$_____
2.	*Commercial Mode:_____		$_____
3.	*Bridge Tolls $_____ + *Parking $_____		$_____
Lodging: *(At the prevailing rate or $150, whichever is less, plus room tax)*			
1.	*Lodging Rate per night $_____		$_____
Meals: *(A maximum of $45 per day for food and beverages is reimbursable)*			
1.	*Breakfast:	No. of meals _____	$_____
2.	*Lunch:	No. of meals _____	$_____
3.	*Dinner:	No. of meals_____	$_____
Miscellaneous: (*Reimbursement for the following expenses must be approved by President or Treasurer)*			
1.	Telephone		$_____
2.	*Meeting/Conference Supplies		$_____
3.	*Other (please list, attach an extra page, if needed)		
	_____	$_____	
	_____	$_____	$_____

*=Receipt required

TOTAL EXPENSES: $_____

I certify that the above is a true accounting of transportation and other allowable expenses and understand that receipts must be attached to this expense form to receive reimbursement for those expenses.

Signed:_____

Payment: *(To be remitted within forty-five (45) days after receipt of completed form and receipts)*

Make Check Payable to:_____
Mail to address: _____
_____

Please send the signed form and receipts to FASIS, 1750 Creekside Oaks Drive, Suite 200, Sacramento, California 95833

FASIS Approval: President:_____ Treasurer:_____