

**TRINDEL INSURANCE FUND**

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

Purpose of Meeting: \_\_\_\_\_

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

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

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

PAYEE ADDRESS: \_\_\_\_\_

**Reimburse Claimant**

Total Meals \$ \_\_\_\_\_  
 Private Car:  
 Miles \_\_\_\_\_ x \$0.54 \$ \_\_\_\_\_  
 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:					
<b>Totals:</b>					

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, 51 Arbuckle Court/P.O. Box 2069, Weaverville, CA 96093/Fax 530-623-5019/Email: office@trindel.org**