California Risk Management Authority
7170 N. Financial Drive, Suite#130
Fresno, CA 93720
(559) 476-2999

EXPENSE REPORT

DATE: _____

District Representative: Title:

School District: Alview-Dairyland Union Purpose of Trip:

Date	Description	Travel	Hotel	B'fast	Lunch	Dinner	Trans.	Entertain.	Misc.	TOTAL
	_____ Miles @ . =									
	SUBTOTALS									
										LESS EXPENSE ADVANCE & CHARGES TO COMPANY
										TOTAL REIMBURSEMENT DUE

Representative Signature: Title: Date:

CRMA Approval Signature: Title: Date:

ACCOUNT:_____