



**California Risk Management Authority**

7170 N. Financial Drive, Suite #130  
 Fresno, CA 93720  
 Phone: (559) 476-2999

**EXPENSE REPORT**

DATE: \_\_\_\_\_

CRMA Employee

Title:

School District: Golden Valley Unified

Purpose of Trip:

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

Representative Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

CRMA Approval Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

ACCOUNT: \_\_\_\_\_