

California Risk Management Authority

7170 N. Financial Drive, Suite#130

Fresno, CA 93720 Phone: (559) 476-2999

EXPENSE REPORT

DATE: _____

CRMA Employee		Title:									
School Distric	t: Madera Unified	Purpose of Trip:									
Date	Description	Travel	Hotel	B'fast	Lunch	Dinner	Trans.	Entertain.	Misc.	TOTAL	
	Miles @ . =										_
											_
											_
											_
											-
											_
											_
											_
											-
											_
	SUBTOTALS										
					LESS EXPENSE ADVANCE & CHARGES TO COMPANY						
							TOTAL I	REIMBURSEM	ENT DUE		_
Representative Signature:					Title:			Date:			_
CRMA Approval Signature:					Title:			Date:			