



REMIF
REDWOOD
EMPIRE
MUNICIPAL
INSURANCE
FUND

414 W. Napa St. • P.O. Box 885 • Sonoma, CA 95476 • 707.938.2388 • Fax 707.938.0374

Members: Arcata Cloverdale Cotati Eureka Fort Bragg Fortuna Healdsburg Lakeport

Robnert Park St. Helena Sebastopol Sonoma Ukiah Willits Windsor

TRAVEL EXPENSE & REIMBURSEMENT FORM

(Due within 30 days of travel)

Date _____

Name: _____ City: _____

For Period From: _____ To: _____

Purpose of Trip: _____

Destination: _____ Mode of Travel: _____

Odometer Reading: Start _____ End _____ Total Miles _____

2019 IRS Rate: **\$0.58** per mile \$ _____

EXPENSES:

Conference Registration Fee	\$ _____
Lodging	\$ _____
Meals (including tips)	\$ _____
Transportation (taxi, car rental, airfare)	\$ _____
Mileage (enter from above)	\$ _____
Tips (non-meal tips for service)	\$ _____
Parking & Bridge Tolls	\$ _____
Other (please specify) _____	\$ _____
Total Costs Paid by Attendee	\$ _____

(ATTACH ORIGINAL HOTEL AND OTHER RECEIPTS)

Signature: _____
Attendee

Approved: _____
REMIF General Manager

(updated on 01/09/19)