



REIMBURSEMENT REQUEST FORM

NAME: _____ CHECK PAYABLE TO: _____

JPA/DISTRICT: _____ MAIL TO: _____

| MILEAGE RATE (EFFECTIVE JAN 1, 2016): | | | | | | | | |
|--|----------------|-------------------|----------------|---------|------|-------|-----------------|-------|
| DATE | MEETING/ EVENT | MILES TRAVELED | TRANSPORTATION | LODGING | MEAL | OTHER | DESCRIPTION | TOTAL |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | TOTALS: | | | | | | TOTAL EXPENSES: | |

**PLEASE ATTACH ALL RECEIPTS AND ENTER ONE (1) RECEIPT PER LINE
REIMBURSEMENTS MAY TAKE UP TO THIRTY (30) DAYS**

RETURN TO: COLLEEN BJERKNES
cbjerknes@keenan.com
KEENAN & ASSOCIATES
2355 CRENSHAW BLVD, #200
TORRANCE, CA 90501

SIGNATURE: _____

DATE: _____

