



FIRE AGENCIES SELF INSURANCE SYSTEM

1750 Creekside Oaks Drive, Suite 200
Sacramento, CA 95833
800-541-4591 Fax 916-244-1198

Travel Reimbursement Request

Name: _____
Member District: _____
Address: _____
Telephone: () _____ FAX: () _____

Detail of Expenses

**Receipts must be attached to this form to receive reimbursement.*

This form and receipts must be submitted within sixty (60) days from the last date on which the expenses incurred.

FASIS Board Meeting Conference Other _____

Name of Event: _____
Dates: From: _____ To: _____

Transportation: <i>(Based on round-trip coach fares or mileage, whichever is less)</i>		Total Amount
1.	Transportation: _____ miles @ current IRS rate per mile	\$ _____
2.	*Commercial Mode: _____	\$ _____
3.	*Bridge Tolls \$ _____ + *Parking \$ _____	\$ _____
Lodging: <i>(At the prevailing rate or \$150, whichever is less, plus room tax)</i>		
1.	*Lodging Rate per night \$ _____	\$ _____
Meals: <i>(A maximum of \$45 per day for food and beverages is reimbursable)</i>		
1.	*Breakfast: No. of meals _____	\$ _____
2.	*Lunch: No. of meals _____	\$ _____
3.	*Dinner: No. of meals _____	\$ _____
Miscellaneous: <i>(Reimbursement for the following expenses must be approved by President or Treasurer)</i>		
1.	Telephone	\$ _____
2.	*Meeting/Conference Supplies	\$ _____
3.	*Other (please list, attach an extra page, if needed)	\$ _____
	_____ \$ _____	\$ _____
	_____ \$ _____	\$ _____

*=Receipt required

TOTAL EXPENSES: \$ _____

I certify that the above is a true accounting of transportation and other allowable expenses and understand that receipts must be attached to this expense form to receive reimbursement for those expenses.

Signed: _____

Payment: *(To be remitted within forty-five (45) days after receipt of completed form and receipts)*

Make Check Payable to: _____
Mail to address: _____

Please send the signed form and receipts to FASIS, 1750 Creekside Oaks Drive, Suite 200, Sacramento, California 95833

FASIS Approval: President: _____ Treasurer: _____