CIRA
California Intergovernmental Risk Authority

TRAVEL EXPENSE REIMBURSEMENT FORM

This form should be submitted to ap@cira-jpa.org **with accompanying receipts** within 30 days of completing travel, but no later than the end of the fiscal year. Allowable expenses are noted in CIRA'S travel & expense policy.

Name: _____

Email: _____ **Entity:** _____

Position: ☐ Executive Committee ☐ Board of Directors ☐ Other: _____

Name/Description of Event: _____

City _____ **State** _____ **Dates of travel:** From: _____ To: _____

Meals*:

Date	Breakfast		Lunch		Dinner		TOTAL	
	Paid by Indiv.	*Paid by Entity*	*Paid by Indiv.*	*Paid by Entity*	*Paid by Indiv.*	*Paid by Entity*	***Paid by Indiv.***	***Paid by Entity***
							$	$
							$	$
							$	$
							$	$
						Meals Subtotal:	$	$

** Maximum Reimbursable (including tip): Breakfast $15.00; Lunch $20.00; and Dinner $50.00*

Mileage (please accompany with map/directions):

	Personal Vehicle	***Entity Vehicle***
Total Miles Traveled		
Mileage Subtotal (miles x $0.725):	$	$

[IRS Rate eff. 1/1/26]

Other Expenses:

	Paid by Indiv.	***Paid by Entity***
Car Rental [include gas]	$	$
Cab / Shuttle / Parking / Tolls	$	$
Airfare	$	$
Hotel	$	$
Other [describe in comments below]	$	$
Other Expenses Subtotal:	$	$

Reimbursement/Check Processing:

Due To	Amount	Mailing/Remittance Address:
Individual	**$**	
Entity	**$**	

_____ _____

Signature **Date**

Comments/Notes:

Please email completed forms to ap@cira-jpa.org