RETIRED PUBLIC EMPLOYEES ASSOCIATION OF CALIFORNIA

300 T Street, Sacramento, CA 95811-6912 • (916) 441-7732 or (800) 443-7732 • FAX (916) 441-7413

✓ *See rpea.com For Instructions*

Expenses Incurred on RPEA Business

Claimant's Name: _____ Chapter Name: _____ Chapter Number: _____

Address: _____ Title: _____

_____ _____

Telephone No: (_____) _____ **Approved Special Travel** ☐

Date	Reason for Expenses (1) (a) Location (b) Reason	Transportation (2) Public Carrier (a)	Private Car Miles (b)	Private Car Amount (c)	Shuttle Taxi & Other (d)	Lodging Amount (3)	Meals (4) Type (a) B	L	D	Amount (b)	Incidentals & Other Exp. (5)	Code (6)	Total For the Day (7)
	(a) (b)			0.00						0.00			0.00
	(a) (b)			0.00						0.00			0.00
	(a) (b)			0.00						0.00			0.00
	(a) (b)			0.00						0.00			0.00
	(a) (b)			0.00						0.00			0.00
	(a) (b)			0.00						0.00			0.00
	(a) (b)			0.00						0.00			0.00
	TOTAL	$ 0.00	0.00	$ 0.00	$ 0.00	$ 0.00	0.00	0.00	0.00	$ 0.00	$ 0.00		$ 0.00

TOTAL CLAIM $ 0.00

Additional Explanation: _____

_____

_____

_____

Authorized By _____

Travel Advance: $** _____ **Balance Due:$ 0.00

OFFICE USE ONLY	
CODE	AMOUNT
TOTAL	

Signature _____

Date _____

APPROVED BY: _____ Print Form to mail (if reciepts are required)

DATE PAID: _____ Email form (If no reciepts required)

CHECK NO. _____ Clear all from fields

CHECK AMT: $ _____

FORM NO. HQE/15-91 REV/ 5/18