



# Northern California Special Districts Insurance Authority

Board Member Expense Form – 2025

Board Member Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Meeting or Committee: \_\_\_\_\_  
 Date of Meeting: \_\_\_\_\_  
 Location of Meeting: \_\_\_\_\_  
 \_\_\_\_\_

Meals

	Partial Day Allowances			Totals
	Breakfast	Lunch	Dinner	
Per Diem Maximum:	\$16.00	\$19.00	\$28.00	\$63.00
Date				
Date				
Date				

Total Meals: \$ \_\_\_\_\_  
 Private Car: \_\_\_\_\_  
 # Miles \_\_\_\_\_ x \$0.70 \$ \_\_\_\_\_  
(Mileage rate as of 1/1/2025)  
 Car Rental: \$ \_\_\_\_\_  
 Air, Bus, or Train Fare: \$ \_\_\_\_\_  
 Lodging: \$ \_\_\_\_\_  
 Taxi: \$ \_\_\_\_\_  
 Bridge Tolls: \$ \_\_\_\_\_  
 Parking Fees: \$ \_\_\_\_\_  
 Incidental Expenses: \$ \_\_\_\_\_

Total Payable to Board Member: \$ \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Return completed form to:  
 Post Office Box 982, Willows, California 95988 **or**  
 Email to: [financedept@ncsdia.com](mailto:financedept@ncsdia.com)