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)				Lodging Amount (3)	Meals (4)				Incidentals & Other Exp. (5)	Code (6)	Total For the Day (7)
		Public Carrier (a)	Private Car Miles (b)	Private Car Amount (c)	Shuttle Taxi & Other (d)		Type (a) B	Type (a) L	Type (a) D	Amount (b)			
	(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

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

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: $ _____