LGMA
CALIFORNIA LEAFY GREEN PRODUCTS
HANDLER MARKETING AGREEMENT

Board Member | Board Alternate | Committee Member
Travel Expense Claim Form

Meeting Attended:	**Date**	**Location**

Personal Car Mileage	**Miles**	**Cost**
Personal car mileage is reimbursed at the currently allowable IRS rate 0f $0.575 per mile		

Rental Car
$75/day maximum. Attach original receipt.

Commercial Airline
$600/day maximum. Attach original receipt.

Private or Chartered Aircraft	**Passengers**
$600 per person. Up to 400 miles roundtrip	
$800 per person. Over 400 miles roundtrip	
When transporting other board members attach a signed sheet stating all passengers	

Hotel Room + Tax
$150 per day maximum. Attach original receipt.

Meals	**Date(s)**	**Meals**
Breakfast $10		
Lunch $15		
Dinner $30		

If you paid for another member's meal, please indicate their name:

Parking
Attach receipt for charges in excess of $10

Taxi, train or bus fare; Tolls
Attach receipts.

Total Expenses Claimed	

Name	**Signature**	**Date**

Make check payable to:

Return completed forms to:
LGMA 1521 I Street, Sacramento, CA 95814
Fax 916-446-1063 | info@lgma.ca.gov