



**Public Agency Risk Management Association
2026 Reimbursement Expense Form**

Date: _____

Claimant Name: _____

Payee Address: _____

Meeting or Event: _____

Date (s): _____

Purpose: ☐ Reimbursement for Travel Expenses
☐ Purchase of Supplies on behalf of PARMA
☐ Other _____

MEALS / MISCELLANEOUS

Date	Expense Description	Dollar Amount

Sub-Total _____

TRAVEL

Date	Auto Mileage	Auto Rental / Taxi	Airplane/Train Fare	Parking
	# miles X .725 cents per mile = _____		From: _____ To: _____	

Sub-Total _____

TOTALS: _____

Claimant's Signature: _____

Please e-mail, mail or fax completed form & receipts to:

PARMA
One Capitol Mall, Suite 800
Sacramento, CA 95814
Fax: 916.444.7462 | e-mail: gpeterson@amgroup.us

Approved by: _____ Date Paid: _____ Amount: \$ _____ Check# _____