



1020 "O" Street, Sacramento, CA 95814

Check one: Reimbursement  Direct Pay

<b>Claimant</b>	
<b>Address</b>	
<b>Phone</b>	

<b>Payee (if different)</b>	
<b>Address</b>	
<b>Phone</b>	

Purpose:					
DATE	ITEM	AMOUNT	RECEIPT ATTACHED? Y/N	COMMITTEE	APPROVAL
<b>TOTAL</b>					

If committee expense, please submit to Committee Chair for signature. Original signatures needed below.

Signature:

Date:

Signature -- Committee Chair:

Date:

**MAIL TO:** Lara Michels  
68 Muth Drive  
Orinda, CA 94563

For Treasurer Use Only:			
Date Paid:	Check #:	Amount:	Fund:

Unbudgeted expenses of \$26.00 to \$100.00 must receive prior approval from the Treasurer.  
 Unbudgeted expenses of \$101.00 to \$149.00 must receive prior approval of the President.  
 Unbudgeted expenses over \$150.00 must receive prior approval of the Board.  
 2020 Mileage Rate: \$0.575 per mile.