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*Maximizing Protection. Minimizing Risk.*

## Business Expense Reimbursement (BER)

NAME: \_\_\_\_\_ DATE OF REQUEST\*: \_\_\_\_\_

REASON FOR EXPENSES INCURRED: \_\_\_\_\_

DATE(S) EXPENSES INCURRED: \_\_\_\_\_

LOCATION: \_\_\_\_\_

*\*Date of request is not to exceed six (6) months of date incurred.*

### DESCRIPTION OF EXPENSE

### DIRECTOR STIPEND

Air Fare \$ \_\_\_\_\_

\_\_\_\_ day(s) @\$\_\_\_\_\_ per day) \_\_\_\_\_

Auto Expense ( \_\_\_\_\_ Miles@ \_\_\_\_\_ \$\*) \_\_\_\_\_

Rental Car Expense (incl. gasoline) / \_\_\_\_\_

Shuttle Parking \_\_\_\_\_

Lodging \_\_\_\_\_

Meals \_\_\_\_\_

Communication Expenses \_\_\_\_\_

Other: \_\_\_\_\_

**TOTAL REQUESTED EXPENSE REIMBURSEMENT \$**

**TOTAL REQUESTED STIPEND \$**

*\*New mileage rate of 67.0¢ effective January 1, 2024 (prior rate 65.5¢ was effective January 1, 2023)*

I certify that the expenses claimed above were incurred for SDRMA business and are in accordance with SDRMA policy.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

*Please email your completed form and support to Candice Richardson at [crichardson@sdrma.org](mailto:crichardson@sdrma.org)*