



**RINCON DEL DIABLO MUNICIPAL WATER DISTRICT
BOARD OF DIRECTORS
EXPENSE CLAIM FORM**

Name of Director: _____ Period/Year Covered: _____

Date	Description of Expense	Amount
CONFERENCES/SEMINAR REGISTRATION		
SUBTOTAL		
TRAVEL - AIRPLANE, TOLL, ETC. (use PER DIEM AND MILEAGE CLAIM FORM for mileage)		
SUBTOTAL		
LODGING, MEALS, AND INCIDENTALS		
SUBTOTAL		

TOTAL COST OF CLAIM _____

Approved for payment by Board action this _____ day of _____, 20_____

The undersigned claimant makes the foregoing claim against Rincon del Diablo Municipal Water District, states that the money claimed was actually expended and/or the travel stated was actually traveled on behalf of said District in pursuance of the duties of the claimant, and that said claim is presented in good faith and has not heretofore been paid.

Secretary, Rincon del Diablo MWD

Claimant (signature) (date)

Received for agenda _____
(date)

Treasurer, Rincon del Diablo MWD (date)