



Northern California Special Districts Insurance Authority

Board Member Expense Form – 2026

Board Member Name: _____
 Address: _____

 Meeting or Committee: _____
 Date of Meeting: _____
 Location of Meeting: _____

Meals

	Partial Day Allowances			Totals
	Breakfast	Lunch	Dinner	
Per Diem Maximum	\$22.00	\$23.00	\$36.00	\$81.00
Date				
Date				
Date				

Total Meals: # _____
 Private Car: \$ _____
 # Miles _____ x \$0.725 _____
(Mileage rate as of 1/1/2026)
 Car Rental: _____
 Air, Bus, or Train Fare: _____
 Lodging: _____
 Taxi: _____
 Bridge Tolls: _____
 Parking Fees: _____
 Incidental Expenses: _____
 Total Payable to Board Member: _____

 Signature

 Date

Return completed form to:
 Post Office Box 982, Willows, California 95988 **or**
 Email to: financedept@ncsdia.com