



LAWCX

LOCAL AGENCY WORKERS' COMPENSATION EXCESS JPA

EXPENSE REIMBURSEMENT FORM

Entity Name: _____

Check Payable To: _____

Event Name: _____

Remit Address: _____

Date: _____

Click in any green cell to get a drop down pick list of standard business activity.

The TOTAL sections are automatically calculated - please do not change.

DATE	BUSINESS ACTIVITY	COST	QUANTITY / TOTAL MILEAGE	TOTAL
				\$ -
				-
				-
				-
				-
				-
				-
				-
	BUSINESS MILEAGE	\$ 0.58		-
MISCELLANEOUS EXPENSES (Describe)				
				-
				-
				-
				-
GRAND TOTAL EXPENSES:				\$ -

Please attach all receipts (airline, hotel, car rental, parking, etc) and submit to:

LAWCX

1750 Creekside Oaks Drive, Suite 200

Sacramento, CA 95833

caroline.brush@sedgwick.com