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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 72.5¢ effective January 1, 2026 (prior rate 70¢ was effective January 1, 2025)*

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 ap@sdrma.org