

VCCJA Travel Reimbursement Request

Instructions: Complete Form completely, attach all receipts, sign and date below. Mail completed form to: Ann Harris, Treasurer, VCCJA, P.O. Box 3300, Stafford, Virginia 22555. For reimbursement questions call (540) 288-5226 .

Name of Member or Consultant: _____

Agency: _____

Address (to send reimbursement): _____

Phone Number: _____ Email Address: _____

Purpose (Conference Speaker, VCCJA Committee, Other): _____

Auto Mileage: \$.505 per mile (Commonwealth of Virginia Rate)

Date	Destination	Miles	Total

Meals and Lodging: (Attach receipts for Hotel, Meals are reimbursed at approved per diem rate for Commonwealth of Virginia)

Date(s)	Item (Meals or Lodging)	Total

Other (Air or Rail Fares, Parking Fees, Rental Cars, etc.-Include Receipt for Each Item):

Date	Item	Code (VCCJA Use)	Total

Total This Sheet	
Total Attached Sheets	
Total Reimbursable	
Total Due Traveler	

I certify these expenses were incurred by me on official business of the Virginia Community Criminal Justice Association.

Traveler's Signature: _____ Date: _____

Approval/Chair : _____ Committee: _____ Date: _____

Check Number: _____ Processed Date: _____