

VCCJA Travel Reimbursement Request

Instructions: Complete Form completely, attach all receipts, sign and date below. Mail completed form to: Katie Green, Treasurer, VCCJA, 4093 Ironbound Road, Suite B. Williamsburg, VA 23318. For reimbursement questions call (757) 564-2312.

Name of Member or Consultant: _____

Agency: _____

Address (to send reimbursement): _____

Phone Number: _____ **Email Address:** _____

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

Auto Mileage: \$.51 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:** _____