



Reimbursement Form *(Revised 2/3/22)*

Division *(check below)*

VMEA VEMEA VCDA VBODA VAMEA CVMEA VAMHE CONF NOTES GOV

Event: _____

Date: _____ **Site:** _____

Check to be paid to: _____

Address: _____

City/State Zip: _____

SS #: _____

(required for honorarium)

Signature: _____

Expenses	Amount
Honorarium <i>(service provided</i> _____ <i>)</i>	_____
Travel: _____ miles x .585 (or airfare)	_____
*Lodging:	_____
*Meals (\$70.00 per day maximum / \$15 breakfast / \$20 lunch / \$35 dinner)	_____
*Other Expenses <i>(please list</i> _____ <i>)</i>	_____
TOTAL REIMBURSEMENT	_____

**receipts are required for lodging, meals and other expenses*

Office Use

Date Paid _____ Check _____ Amount _____