



**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 *(service provided* \_\_\_\_\_ *)* \_\_\_\_\_

Travel: \_\_\_\_\_ miles x .625 (or airfare) \_\_\_\_\_

\*Lodging: \_\_\_\_\_

\*Meals (\$70.00 per day **maximum** / \$15 breakfast / \$20 lunch / \$35 dinner) \_\_\_\_\_

\*Other Expenses *(please list* \_\_\_\_\_ *)* \_\_\_\_\_

**TOTAL REIMBURSEMENT** \_\_\_\_\_

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

**Office Use**

Date Paid \_\_\_\_\_                      Check \_\_\_\_\_                      Amount \_\_\_\_\_