

# State of Vermont Personal Expense Claim

(Not to be used by State of Vermont employees)

**AAF6A  
(04/09)**

Name	Town of Residence	Department/Board or Commission
		Vermont Commission on Women

Mailing Address

Position Title	<b>2018 Reimbursement Rate is \$0.545 per mile</b>
Commissioner	

Date	Explanation or reason for payment	Travel		Meals			Lodging	Other	Per Diem	Total
		Miles	Amount	Breakfast	Lunch	Dinner				

I certify under the pains and penalties of perjury, that the foregoing is a correct statement of the time actually spent, mileage actually and constructively traveled, and amount necessarily incurred or paid by me in the discharge of my duties. (32 V.S.A. 464)

Claimant's Signature	Date	Supervisor's Approval	Date
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<b>VISION processing only:</b>	BU: 03310 Dept: 3310000000 Fund: 10000 Acct: 518300
Update the withholding information on the voucher	Total amount reportable on a 1099 (Column G)
as needed:	Non-Withholding Total amount NOT reportable on a 1099 (Column A-F) Total expense reimbursement

**Please email form to: [Hannah.Lane@vermont.gov](mailto:Hannah.Lane@vermont.gov)**