

**State of Vermont Personal Expense Claim**  
(Not to be used by State of Vermont employees)

**AAF6A**  
**(04/09)**

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

**Address**

<b>Position Title</b>	<b>Please round miles traveled to the nearest whole number.</b> <b>July - December 2022 mileage reimbursement Rate is \$0.625.</b>
<b>Commissioner</b>	

Date	Explanation or reason for payment	Travel		Meals			Lodging	Other	Per Diem	Total
		Miles	Amount	Breakfast	Lunch	Dinner				
<b>TOTALS</b>										

A                      B                      C                      D                      E                      F                      G

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)

<b>Claimant's Signature</b>	<b>Date</b>	<b>Supervisor's Approval</b>	<b>Date</b>
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<b>VISION processing only:</b>	BU: 03310 Dept: 3310000000 Fund: 10000 Mileage Acct: 518300 Per Diem Acct: 506000
<b>Update the withholding information on the voucher as needed:</b>	<b>Total amount reportable on a 1099 (Column G/Per Diems)</b>
	<b>Total amount NOT reportable on a 1099 (Column A-F)</b>
	<b>Total expense reimbursement</b>