

# 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
		<b>Vermont Commission on Women</b>

Address

Position Title	<b>2021 Reimbursement Rate is \$0.56 per mile</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 Update the withholding information on the voucher as needed:	<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>
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