



Reimbursement Form (Revised 04/28/24)

Division (check below)

All-VA Event Conference CoVMEA VAMEA VAHME VBODA VCDA VCFAE VEMEA VGDA VMEA

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 .70 (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 (if not using per diem amounts), and other expenses*

Office Use

Date Paid _____

Check _____

Amount _____