## Vacaville Teachers Association-VTA/CTA/NEA Brenda Hensley, Treasurer mathgirl2001@yahoo.com, 707-365-1715 319 Black Oak Lane, Napa, CA 94558

## Short Conference Form

Member Name:         Worksite/School site:           Street Address:	Conference Attended:						
Zip Code:							
Phone Number:	Street Address:						
Auto Round Trip Mileage: \$0.535 x miles	City:		Zip Code: _				
\$ amount   Code   comments:	Phone Number:	-	Non-school	Email:			
Auto Round Trip Mileage: \$0.535 x miles			Treasurer				
Hotel (# of nights:) 620 attach receipt Round-trip Airfare: 620 attach receipt Parking: 620 attach receipt Shuttle: 620 attach receipt Attach receipt Shuttle: 620 attach receipt Attach detailed receipt Attach detailed receipt Attach receipt		\$ amount	Code			comments:	
Round-trip Airfare:  Parking:  Shuttle:  Shuttle:  Portage (max \$7 per day) # of days:  Meals (max \$80 a day) When being provided some meals, max breakfast is \$18, lunch \$22, dinner \$40)  Registration Fees:  Subtotals  Total Reimbursement:	Auto Round Trip Mileage: \$0.535 x miles		620	attach printout of route			
Parking: 620 Shuttle: 620 Portage (max \$7 per day) # of days: 620 Meals (max \$80 a day) When being provided some meals, max breakfast is \$18, lunch \$22, dinner \$40) Registration Fees: 640  Subtotals  Subtotals  Total Reimbursement:	Hotel (# of nights:)		620	attach receipt			
Shuttle: 620 Portage (max \$7 per day) # of days: 620  Meals (max \$80 a day) When being provided some meals, max breakfast is \$18, lunch \$22, dinner \$40) 630 attach detailed receipt Registration Fees: 640 attach receipt  Subtotals  620  Subtotals  Total Reimbursement:	Round-trip Airfare:		620	attach receipt			
Portage (max \$7 per day) # of days: 620  Meals (max \$80 a day) When being provided some meals, max breakfast is \$18, lunch \$22, dinner \$40) 630 attach detailed receipt Registration Fees: 640 attach receipt  Subtotals  620  Comparison of the following provided some attach detailed receipt attach rece	Parking:		620	attach receipt			
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Registration Fees: 640 attach receipt  Subtotals  620 630 640  Total Reimbursement:							
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Total Reimbursement:		Subtotals					
		620	630	640			
	Total Dai	mhuncament					
CHECK HUMIDEL							
Date paid:	Date paid:						