

VTA/CTA/NEA Member Non-Conference Reimbursement Form

Member Name: \_\_\_\_\_ Work Site \_\_\_\_\_

Mailing Address (if mailing check): Number/Street (or PO Box): \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Reason for Reimbursement	Treasurer Code	\$ Amount
Total Mileage (mileage is paid at IRS rate \$0.625) (7/1/22): _____ miles		

Please bring reimbursement form to Rep Council/Exec Board for payment; otherwise mail to Brenda Hensley, VTA Treasurer, 826 West Main Street, Winters, CA 95694

Treasurer Use Only: Check Number \_\_\_\_\_ Date Issued: \_\_\_\_\_