

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 \$0.655) (1/1/23): _____ 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: _____