

VTA/CTA/NEA Member Conference Reimbursement Form

Member Name: _____ Work Site _____

Conference Attended: _____ Dates: _____

Mailing Address (if mailing check):

Number/Street (or PO Box): _____

City: _____ Zip Code: _____

Please bring reimbursement form to Rep Council/Exec Board for payment OR mail to:

Ariel Ray, VTA Treasurer, 335 Metro Lane, West Sacramento, CA 95605

***Receipts required for all reimbursements except Portage.**

***Please provide proof of mileage (i.e. Google Maps print out)**

***Meals provided by the conference shall not be reimbursed.**

Category	Treasurer Code	Total \$ Amount
Lodging	0620	
Meals (not to exceed an average of \$90/day including tax/tip) (updated 12/1/22)	0620	
Airfare	0620	
Shuttle (to and from airport)	0620	
Parking (airport/hotel)	0620	
Portage (no more than \$8 per day) (updated 12/1/22)	0620	
Total Mileage: _____ miles x \$.655 per mile (updated 1/1/23)	0620	
Registration Fees	0630	
Other (describe):		
TOTAL		

Treasurer Use Only: 0620 Total: _____ 0630 Total: _____ Other: _____

Check Number _____ Date Issued _____

