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 (paid at IRS rate $0.76 per mile) (7/1/26): _____ miles		
TOTAL		

Please bring reimbursement form to Rep Council/Exec Board for payment;
otherwise mail to *Daniel Rodriguez, VTA Treasurer, 998 Marshall Road, Vacaville, CA 95687*

Treasurer Use Only: Check Number _____ Date Issued: _____