

## 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 1/1/25)	0620	
Airfare	0620	
Shuttle (to and from airport)	0620	
Parking (airport/hotel)	0620	
Portage (no more than \$8 per day) (updated 1/1/25)	0620	
Total Mileage: _____ miles x \$.70 per mile (updated 1/1/25)	0620	
Registration Fees	0630	
Other (describe):		
<b>TOTAL</b>		

**Treasurer Use Only: 0620 Total: \_\_\_\_\_ 0630 Total: \_\_\_\_\_ Other: \_\_\_\_\_**

**Check Number \_\_\_\_\_ Date Issued \_\_\_\_\_**