

State of Vermont Personal Expense Claim

(Not to be used by State of Vermont employees)

AAF6A

(04/09)

Name		Town of Residence		Department/Board or Commission						
Address										
Position Title										
Date	Explanation or reason for payment	Travel		Meals			Lodging	Other	Per Diem	Total
		Miles	Amount	Breakfast	Lunch	Dinner				
										\$ -
										\$ -
										\$ -
										\$ -
										\$ -
										\$ -
										\$ -
										\$ -
										\$ -
										\$ -
										\$ -
										\$ -
Totals		0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

A B C D E F G

I certify under the pains and penalties of perjury, that the foregoing is a correct statement of the time actually spent, mileage actually and constructively traveled, and amount necessarily incurred or paid by me in the discharge of my duties. (32 V.S.A. 464)

Claimant's Signature	Date	Approver's Signature	Date
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VISION processing only:	
Update the withholding information on the voucher as needed:	Total amount reportable on a 1099 (Column G) \$ -
Current Mileage Rate:	Total amount NOT reportable on a 1099 (Column A-F) \$ -
	Total expense reimbursement \$ -