|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name | | Town of Residence | | | Department/Board or Commission | | |
| Address | | | | | | | |
| (New members only)  SS# | | Position Title Board Member | | |  | | |
| Date | Explanation | Travel Miles | Amount | Lunch | | Other - PER DIEM | Total |
|  |  |  | $ 0.00 |  | | $ 50.00 | $ 50.00 |
|  |  |  | $0.00 |  | |  | $0.0 |
|  |  |  | $ 0.00 |  | |  | $ 0.00 |
|  |  |  | $ 0.00 |  | |  | $ 0.00 |
|  |  |  | $ 0.00 |  | |  | $ 0.00 |
|  |  |  | $ 0.00 |  | |  | $ 0.00 |
|  |  |  | $ 0.00 |  | |  | $ 0.00 |
|  |  |  | $ 0.00 |  | |  | $ 0.00 |
|  |  |  | $ 0.00 |  | |  | $ 0.00 |
|  |  |  | $ 0.00 |  | |  | $ 0.00 |
| Totals |  | mileage rate | $ 0.70 |  | |  |  |

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

Claimant’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor’s Signature Date

**Instructions on completing your expense form:**

* The SOS business office must have a [W9 form](chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https:/www.irs.gov/pub/irs-pdf/fw9.pdf) on file to reimburse. W9 must be signed with a “wet” signature (pen to paper). **Electronic signatures are not accepted**. An updated W9 is required if your address changes.
* Be sure to complete all fields and that they are legible. Please note that your social security number is only required on your first submission.
* Signatures on the expense form: You can print and sign the form, sign electronically, **or with: /s/ signature (/*s/ your name*)**
* Be sure the total reimbursement is accurate.
* If SOS business office or OPR has a question on your form, please be sure you reply and update promptly to avoid delays in payment.

**Appointed board members and advisors are entitled to be reimbursed for the following:**

1. Regularly scheduled public meetings and special meetings of the board or advisor group. Regularly scheduled meetings are reimbursed at the daily per diem rate of $50.00.
2. I-Team meetings and case preparation are reimbursable at the hourly rate of $6.25/hour up to 8 hours/day not to exceed the $50 per diem rate.
3. Mileage reimbursement to meetings at $.70/mile.
4. Travel is restricted and all travel outside of a public meeting or i-team meeting must be approved by OPR in advance of making any arrangements or incurring costs. OPR is not responsible for travel expenses which are incurred without approval.