State of Vermont Personal Expense Claim

(Consumer Stipend Request Form-Not to be used by State of Vermont employees)

AAF6B
(09/09)

*[Please fill in **only** those columns which have their header printed in **bold**, sign, and date.]*

Name	**Town of Residence**	Department/Board or Commission
		DMH/CAFU/Act 264 LIT Parent Rep: 20316
Address		(For first-time users only) **Social Security Number:**

		Travel			Meeting Duration			
Date	**Meeting Attended**	**Miles**	MilesxRate	**Total Travel Time**	**Start Time**	**End Time**	Stipend	
								$
								$
								$
								$
								$
								$
								$
								$
								$
								$
		A	B	C	D	E	F G	H

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)

Dat

Approval Signature

VISION processing only:

Update the withholding information on the voucher as needed:

Total amount reportable on a 1099 (Column H) **$**

Total amount NOT reportable on a 1099 (Column B)

Total expense reimbursement **$**