



Reimbursement Form  
Revised September 2013

Check One:

VMEA     VCDA     VAMHE     Conference     NOTES  
 VBODA     VEMEA     VAMEA     Gov. Relations

### Request for Reimbursement or Payment for Goods and Services

Date: \_\_\_\_\_ Requested by: (Signature) \_\_\_\_\_  
 Pay to: (please print) Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Your VMEA Position \_\_\_\_\_  
 SS # \_\_\_\_\_  
 (for Salaries or honoraria for guest conductors, adjudicators, etc.)

### Travel Expenses

Starting from: \_\_\_\_\_ to destination \_\_\_\_\_  
 Event \_\_\_\_\_  
 Mileage \_\_\_\_\_ Round Trip(miles) x \$.555 cents = \_\_\_\_\_  
 Tolls, etc. \_\_\_\_\_  
 Meals (attach receipts) not to exceed \$50.00 per day (suggested limits at \$8. for breakfast, \$12 for lunch and \$30 for dinner) \_\_\_\_\_  
 Lodging (attach receipts) \_\_\_\_\_  
 Other (attach receipts or specify) \_\_\_\_\_  
 Other (attach receipts or specify) \_\_\_\_\_  
 Total for Travel Expenses.... \_\_\_\_\_

### Goods and Services

Description of Item	Unit Cost	Total Cost

Total Goods and Services..... \_\_\_\_\_

Total Travel Expenses..... \_\_\_\_\_

TOTAL DUE..... \_\_\_\_\_

President's Approval \_\_\_\_\_ Date \_\_\_\_\_ Check # \_\_\_\_\_ Account(s) \_\_\_\_\_

*Reimbursement Forms are to be submitted within **two weeks** after an event. If not received within that time line, payment will not be made.*