

# SRVEA Reimbursement Form

Member Name: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

School Site: \_\_\_\_\_ Budget Line Item: \_\_\_\_\_

Home Address: \_\_\_\_\_  
 \_\_\_\_\_  
(ie: NEA/RA, Good Teaching Conf, Membership Committee)

Expense	Description (date, meeting, location, etc.)	Form of Payment	Amount
<b>Conference</b>  (Registration, Fees, etc.)			
<b>Parking/tolls</b>			
<b>Travel Costs</b>  (hotel, airfare, etc.)			
<b>Misc. Expenses</b>			

**Is this expense in the budget? Yes / No**

Signature \_\_\_\_\_

Total: \$ \_\_\_\_\_

Attach all receipts (or other required proof of charge) to this reimbursement form and address to:  
**Ann Katzburg (at the District Office) or the VTRC, 6743 Dublin Blvd. #28, Dublin, CA 94568**  
*Reimbursement requests must be submitted within 60 days of the charge. Reimbursement checks will be processed on the 3<sup>rd</sup> Friday of each month. Keep a copy of your paperwork for your records.*