

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
Conference (Registration, Fees, etc.)			
Parking/tolls			
Travel Costs (hotel, airfare, etc.)			
Misc. Expenses			

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:

Darren Day (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 3rd Friday of each month. Keep a copy of your paperwork for your records.