

State of Vermont Personal Expense Claim

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

**AAF6B
(09/09)**

Name	Town of Residence	Department/Board or Commission

Address

Date	Meeting Attended	Travel			Meeting Duration		Stipend	Total	
		Miles	MilesxRate	Total Travel Time	Start Time	End Time			
								\$	
								\$	
								\$	
								\$	
								\$	
								\$	
								\$	
								\$	
								\$	
								\$	
								\$	
								\$	
Totals			\$					\$	
		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)

Claimant's Signature

Date

Approver's Signature

Date

VISION processing only:	
Update the withholding information on the voucher as needed:	Total amount reportable on a 1099 (Column G) \$
	Total amount NOT reportable on a 1099 (Column A-F)
	Total expense reimbursement \$